R
11
M34
V.12
no.5
Biological & Medical Serials

THE

MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

Vol. XII. HALIFAX, NOVA SCOTIA, MAY, 1900. No. 5.

THE EXPEDIENT OF PEPTONISING FOOD IS ONE of the most rational, scientific and practical advances of modern medicine, and has proved devoid of the slightest theoretical or discernible objection.

Panopepton

Presents the entire nutritive substance of prime lean beef and best wheat flour converted into a soluble, completely and freely assimilable form.

Panopepton

Is a complete food, containing the albuminoids, carbohydrates and phosphates—the flesh, fat and bone-making elements.

For an adult the usual portion should be a dessertspoonful to a tablespoonful several times a day and at bedtime.

Originated and Manufactured by

FAIRCHILD BROS. & FOSTER, New York.

4087049
9.1.43

PRINTED BY JAMES BOWES & SONS, 142 HOLLIS ST., HALIFAX.

JAN 9 1943

WHEN THE STOMACH REFUSES

food and nourishment, when intestinal or gastric inflammation render the stomach entirely unavailable, or inadequate, try

BOVININE

per rectum. It will nourish and support, and aid any form of medication.

When collapse calls for ***instantaneous blood*** supply—try it by sub-cutaneous injection of one part to two of neutral salt solution, and note the prompt response, a response so much more efficient and powerful than that from blood dilution. If you are interested a postal will bring our scientific treatise on topical and internal administration, and reports of hundreds of clinical cases.

THE BOVININE CO.,
75 West Houston St., New York.

LEEMING MILES & CO., MONTREAL. Sole Agents for the Dominion of Canada.

"FOR LITERATURE APPLY DIRECT TO THE BOVININE CO., NEW YORK."

THE

Maritime Medical News,

IS THE

Journal of the Medical Profession

OF THE

Eastern Canadian Provinces.

SUBSCRIPTION IS ONLY $1.00 PER ANNUM.

Advertising Rates may be had upon application to

DR. JAMES ROSS,
87 HOLLIS ST., HALIFAX.

LISTERINE

The word Listerine assures to the Medical Profession a non-poisonous antiseptic of well-proven efficacy ; uniform and definite in preparation, and having a wide field of usefulness.

On account of its absolute safety, Listerine is well adapted to internal use and to the treatment of Catarrhal Conditions of the mucous surfaces.

Literature Describing the Best Methods For Using

LISTERINE in the Treatment of Diseases of the Respiratory System

will be mailed to your address upon application.

LAMBERT'S LITHIATED HYDRANGEA!

RENAL ALTERATIVE—ANTILITHIC.

The ascertained value of Hydrangea in Calculous Complaints and Abnormal Conditions of the Kidneys, through the earlier reports of Drs. Atlee, Horsley, Monkur, Butler and others, and the well-known utility of Lithia in diseases of the uric acid diathesis, at once justified the therapeutic claims of LAMBERT'S LITHIATED HYDRANGEA when first announced to the medical profession, whilst subsequent use and close clinical observation has caused it to be regarded by physicians generally as a very valuable Kidney Alterative and Antilithic agent in the treatment of

Urinary Calculus, Gout, Rheumatism, Cystitis, Diabetes, Hematuria, Bright's Disease, Albuminuria, and Vesical Irritations Generally.

LAMBERT PHARMACAL CO., St. Louis.

NEURASTHENIA.

Tired brains, nervous exhaustion, headache, neuralgia, palpitation, restless nights, depression of spirits, are Nature's cry for help.

Overwork, worry, mother's nursing, dyspepsia, improper food, poor blood, bad air, loss of sleep, and lack of exercise -- are the causes.

SCOTT'S EMULSION,

rest, change, good food, and pure air,

ARE THE REMEDIES.

Brain vigor, steady nerves, happy sleep, bright eyes, elastic step, strong muscles, good appetite, good blood and plenty of it, abounding health and strength

ARE THE RESULTS.

Hypophosphites for brain, bone and nerve,
Cod Liver Oil for flesh, blood, fat and muscle
Glycerine for digestion and assimilation,

ARE THE CONSTITUENTS
OF THIS
GREAT FOOD MEDICINE.

N. B. – There is but one kind of Scott's Emulsion. It contains and always has contained the best Lofoten Cod Liver Oil, C. P. Glycerine, and C. P. Hypophosphites. NO SUGAR.
In prescribing simply specify SCOTT'S EMULSION.

SCOTT & BOWNE, CHEMISTS, TORONTO

POST GRADUATE COURSE, 1900.

McGILL UNIVERSITY, MONTREAL.

FACULTY OF MEDICINE.

The fifth special course of instruction for general practitioners has been arranged by the members of the Medical Faculty of McGill University, This course begins **Tuesday, May 1st.** and continuing for six weeks, closes **June 9th, 1900.**

The course will consist of :—

(*a*) **LABORATORY COURSES.**

Systematic laboratory instruction will be given from 9 to 10.30 every morning in one or more of the following subjects :—Microscopical Methods, Clinical Microscopy and Clinical Bacteriology, including the histology of blood in disease, and serum diagnosis. These courses will be conducted by Profs. Adami & Wyatt Johnson, assisted by Drs. C. F. Martin, N. D. Gunn, Nichols, Anderson, Yates, Fraser, Fisk and Patrick. A course of operative surgery on the cadaver will also be given by Prof. Armstrong during the second, third and fourth weeks of the course.

(*b*) **LABORATORY AND SPECIAL DEMONSTRATIONS.**

These demonstrations will be given daily from 10.30 to midday and will consist of one or more, as required, of the following :—Recent Methods of Vaccination, Prof. Finley ; Operative Midwifery, Prof. J. C. Cameron ; Mental Diseases, Prof. Burgess ; Medico Legal Demonstrations, Prof. Wyatt Johnson ; Clinical use of Rontgen Rays, with Photography, Prof. Girdwood ; Anatomical Demonstrations on the Cadaver, Dr. McCarthy ; Surgical Anatomy, Dr. Elder ; Clinical Chemistry & Urinalysis, Prof. Ruttan ; Morbid Anatomy of certain diseases, Prof. Adami ; Infant Feeding (Modified milk etc.,) Dr. Evans ; Vaccine and its Preparation, Prof. Johnston.

(*c*) **MEDICAL AND SURGICAL CLINICS.**

For four days each week, during the first two hours of the afternoon, there will be clinics on groups of cases in the wards of the Montreal General and Royal Victoria Hospitals. Those given in the **Medical Wards** of the Montreal General Hospital will be given by Profs. Blackader, Finley and Lafleur ; in the **Surgical Wards** by Prof. Shepherd and Dr. Elder ; in the **Royal Victoria Hospital Medical Wards** by Prof. James Stewart, Prof. C. F. Martin and Dr. W. F. Hamilton ; in the **Surgical Wards** by Prof. Bell and Dr. Garrow.

(*d*) **CLINICS IN SPECIAL DEPARTMENTS OF MEDICINE AND SURGERY.**

One or more of these clinics will be given in the hospitals each afternoon, after the regular medical or surgical clinic and during the entire afternoon on Wednesday and Saturday of each week.

The following special clinics will be given :—

Ophthalmology in the Royal Victoria Hospital by Prof. Buller and Dr. Byers ; in the Montreal General Hospital by Dr. J. Gardner ; Dermatology, Prof. Shepherd and Dr. G. G. Campbell ; Genito-Urinary Surgery, Prof. Bell ; Laryngology, Prof. Birkett and Dr. H. D. Hamilton ; Gynæcology, Prof. Wm. Gardner and Dr. Chipman, in the Roval Victoria Hospital, and Dr. Lockhart and Dr, J. D Cameron in the Montreal General Hospital ; Aseptic Midwifery (at the Montreal Maternity Hospital,) Prof. J. C. Cameron ; Diseases of Children, Dr. G. G. Campbell.

The above course of instruction is given wholly apart from the regular lectures, clinics, etc., for undergraduates in medicine. Graduates may enter on the course anytime.

The fees for full course, including hospitals, fees $50. If any graduate so desires he may devote his entire time to any one or two subjets.

Practitioners who purpose attending this course may obtain fuller details on application, after March next, to

PROF. R. F. RUTTAN, M. D., Registrar.

The Time to Treat Tuberculosis

is early in the course of the Disease.

Aside from Climatic and Hygienic Measures the treatment is summed up in

COD LIVER OIL,
HYPOPHOSPHITES,
GUAIACOL.

These Remedies are elegantly combined in . . .

Park's Perfect Emulsion.

— MANUFACTURED BY —

HATTIE & MYLIUS, - HALIFAX. N. S.

OF ALL DRUGGISTS.

OF THE MANY PREPARATIONS
of Codliver Oil now offered to the Physician,

PUTTNER'S EMULSION,
introduced twenty years ago,

IS UNDOUBTEDLY THE BEST
maintaining its superiority over all competitors,

RICH IN OIL
partially predigested by pancretaine,

PALATABLE AND ACCEPTABLE
even to delicate stomachs,

IN LARGE BOTTLES
making it the cheapest to the patient.

ALWAYS FRESH
being made daily in Halifax,

IT DESERVES THE PREFERENCE
of the intelligent prescriber.

HALIFAX MEDICAL COLLEGE.

HALIFAX, NOVA SCOTIA.

Thirty-Second Session, 1900-1901.

THE MEDICAL FACULTY.

ALEX. P. REID, M. D., C. M.; L. R. C. S. Edin.; L. C. P. & S. Can. Emeritus Professor of Medicine.
EDWARD FARRELL, M. D., President and Professor of Surgery and Clinical Surgery.
JOHN F. BLACK, M. D., Emeritus Professor of Surgery and Clinical Surgery.
GEORGE L. SINCLAIR, M. D., Professor of Nervous and Mental Diseases.
DONALD A. CAMPBELL, M. D., C. M.; Professor of Medicine and Clinical Medicine
A. W. H. LINDSAY, M. D., C. M.; M. B. C. M., Edin.; Professor of Anatomy.
F. W. GOODWIN, M. D., C. M.; L. R. C. P.; M. R. C. S., Eng.; Professor of Materia Medica.
M. A. CURRY, M. D., Professor of Obstetrics and Gynæcology and of Clinical Medicine
MURDOCH CHISHOLM, M. D., C. M.; L. R. C. P., Lond.; Professor of Clinical Surgery and Surgery.
NORMAN F. CUNNINGHAM, M. D., Professor of Medicine.
C. DICKIE MURRAY, M. B., C. M., Edin.; Professor of Clinical Medicine and of Embryology.
JOHN STEWART, M. B., C. M., Edin.; Emeritus Professor of Surgery.
G. CARLETON JONES, M. D., C. M.; M. R. C. S., Eng.; Professor of Diseases of Children and Obstetrics.
LOUIS M. SILVER, M. B., C. M., Edin.; Professor of Physiology.
GEO. M. CAMPBELL M. D., Professor of Histology.
F. U. ANDERSON L. R. C. S., L. R. C. P. Ed.; M. R. C. S. Eng; Adjunct Professor of Anatomy.
N. E. MCKAY, M. D., C. M.; M. R. C. S., Eng.; Professor of Surgery.
C. E. PUTTNER, PH. M., Lecturer on Practical Materia Medica.
W. H. HATTIE, M. D., C. M., Lecturer on Bacteriology.
WALLACE MCDONALD, B. A., Legal Lecturer on Medical Jurisprudence.
A. I. MADER, M. D., C. M., Class Instructor in Practical Surgery.
MONTAGUE A. B. SMITH, M. D., Class Instructor in Practical Medicine and Lecturer on Therapeutics.
THOS. W. WALSH, M. D., Demonstrator of Anatomy.
H. S. JACQUES, M. D., Univ. N. S., Lecturer on Jurisprudence and Hygiene.
E. A. KIRKPATRICK, M. D., C. M., McGill, Lecturer on Ophthalmology, etc.
E. H. LOWERISON, M. D., Jeff. Med. Coll., Lecturer on Ophthalmology, etc.
H. D. WEAVER, M. D., C. M., Trin. Med. Coll., Demonstrator of Histology.
A. HALLIDAY, M. B., C. M., Glas., Demonstrator of Pathology.

EXTRA MURAL LECTURER.

E. MACKAY, PH. D., etc., Professor of Chemistry and Botany at Dalhousie College.
ANDREW HALLIDAY, M. B., C. M., Lecturer on Biology at Dalhousie College.

The Thirty-Second Session will open on Friday, August. 31st, 1900, and continue for the eight months following.

The College building is admirably suited for the purpose of medical teaching, and is in close proximity to the Victoria General Hospital, the City Alms House and Dalhousie College.

The recent enlargement and improvements at the Victoria General Hospital, have increased the clinical facilities, which are now unsurpassed, every student has ample opportunities for practical work.

The course has been carefully graded, so that the student's time is not wasted.

The following will be the curriculum for M. D., C. M. degrees:

1ST YEAR.—Inorganic Chemistry, Anatomy, Practical Anatomy, Botany, Histology.
(Pass in Inorganic Chemistry, Botany, Histology and Junior Anatomy.)

2ND YEAR.—Organic Chemistry, Anatomy, Practical Anatomy, Materia Medica, Physiology, Embryology, Pathological Histology, Practical Chemistry, Dispensary, Practical Materia Medica
(Pass Primary M. D., C. M. examination.)

3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics.
(Pass in Medical Jurisprudence, Pathology, Materia Medica and Therapeutics.)

4TH YEAR.—Surgery, Medicine, Gynæcology and Diseases of Children, Ophthalmology, Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination.
(Pass Final M. D., C. M Exam.)

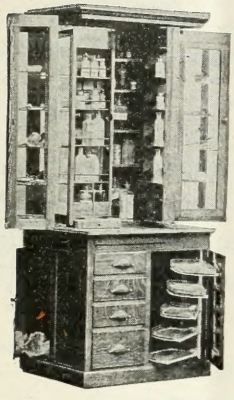
Fees may now be paid as follows:

One payment of	$250 00
Two of	130 00
Three of	90 00

Instead of by class fees. Students may, however, still pay by class fees.

For further information and annual announcement, apply to—

G. CARLETON JONES, M. D.,
Secretary Halifax Medical College.

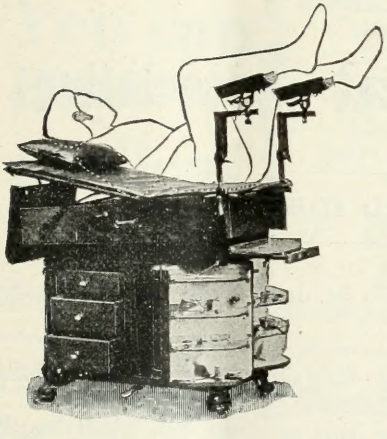


The Allison.. Physicians' Table.

The style No. 34, our latest achievement, is the acme of perfection.

The Allison chair has no superior. It has been a leader for years.

Our line of Instrument, Medicine and Combination Cabinets cannot be equalled.



CATALOGUE FREE.

W. D. ALLISON CO.,

No. 133 E. South St.,

Indianapolis, Ind.

1900

Medical Society of Nova Scotia.

32nd ANNUAL MEETING.

The Annual Meeting will be held in Amherst, Wednesday and Thursday, July 4th and 5th, commencing at 2 p. m. on Wednesday. All who intend reading papers or presenting cases at this meeting must notify the secretary before June 5th, 1900.

D. MACKINTOSH, M. D.,
President,
PUGWASH, N. S.

W. S. MUIR, M. D.,
Hon. Secretary,
TRURO, N. S.

1900.

Maritime Medical Association.

TENTH ANNUAL MEETING.

The Annual Meeting will be held in St. John, N. B., on Wednesday and Thursday, July 18th and 19th.

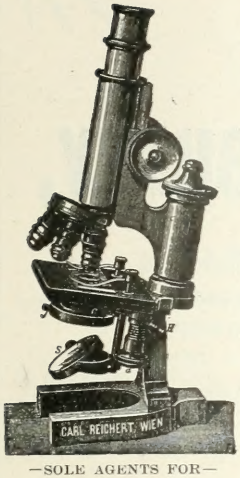
Extract from Constitution :

"All registered Practitioners in the Maritime Provinces are eligible for membership in this Association."

All who intend to read papers at this meeting will kindly notify the Secretary as early as possible.

JAMES CHRISTIE, M. D.,
President,
ST. JOHN, N. B.

GEO. M. CAMPBELL M. D.,
Hon. Secretary,
HALIFAX, N. S.



—SOLE AGENTS FOR—
Reichert's Microscopes, Etc.

Surgical Instruments.

One of the most complete stocks in the Dominion of up-to-date instruments manufactured mainly in . . . England.

Quality is of first importance.

Prices as low as consistent with good workmanship.

Get our quotations.

Bacteriologica Apparatus, Micro. Stains, Sterilizers, Batteries, and all Surgeon's Requisites.

PATERSON & FOSTER,
21 PHILLIPS SQUARE, MONTREAL.

You can Buy Medical Books

from us at **Publisher's Prices** and in some cases for less.

When you want——
LETTER PAPER, BILL HEADS
or Stationery of any kind, drop a post card for samples and prices.

T. C. ALLEN & CO.,
HALIFAX, N. S.

WRITE TO *James Bowes & Sons, - Printers,*

142 HOLLIS ST., HALIFAX,

FOR A CATALOGUE OF THE "OLIVER TYPEWRITER." IT WILL GREATLY INTEREST YOU.

——SPECIAL KEY BOARD FOR PHYSICIANS.

NERVOUS INSTABILITY,

impaired co-ordination, insomnia, disordered digestion, and the protean neurotic manifestations which make up the symptom-group of Neurasthenia are all, according to a recent writer, "**primarily anæmic**" in origin. It logically follows, therefore, that the essential therapeutic indication is to "build up" and enrich the blood——

Pepto-Mangan ("Gude")

IRON AND MANGANESE
IN NEUTRAL ORGANIC COMBINATION

provides a readily available pabulum for corpuscular nutrition and increase and by supplying vital force to the blood stream also feeds and vivifies the nervous system, establishes physiological equilibrium and restores nervous equipoise.

To assure the proper filling of prescriptions, order Pepto-Mangan "Gude" in original bottles (℥ xi).

NEVER SOLD IN BULK.

M. J. BREITENBACH COMPANY,

Agents for American Continent,

(Tarrant Building), 100 WARREN STREET,
NEW YORK.

LABORATORY,
LEIPZIG, GERMANY.

LEEMING MILES & CO., Montreal, Selling Agents for Canada.

THE

MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITORS.

D. A. CAMPBELL, M.D.....Halifax, N.S.
J. W. DANIEL, M.D., M.R.C.S..... St. John, N.B.
MURRAY MACLAREN, M.D., M.R.C.S..St. John, N.B.
JAMES MACLEOD, M.D.....Charlottetown, P.E.I.
JOHN STEWART, M.B .....Halifax, N.S.
W. H. HATTIE, M.D.....Halifax, N.S.
JAMES ROSS, M.D. ... .Halifax, N.S.

Communications on matters of general and local professional interest will be gladly received from our friends everywhere.

Manuscript for publication should be legibly written in ink on one side only of white paper.

All manuscript and business correspondence to be addressed to

DR. JAMES ROSS,
87 Hollis Street, Halifax.

CONTENTS FOR MAY, 1900.

ORIGINAL COMMUNICATIONS.

Gastric Ulcer—*Murrry MacLaren*.... 145

The Treatment of Post-Partum Hemorrhage—*J. Z. Currie*..... 152

PRESIDENTIAL ADDRESS.

W. S. Muir 159

Pryor's Method of Removing the Fibroid Uterus by the Abdomen—*A. Lapthorn Smith* 164

CLINICAL REPORT.

The Value of Pepto-Mangan in Anæmic Conditions—*Geo. M. Campbell*.. 167

EDITORIAL.

Canadian Army Medical Services 169

Medical Society Meetings 170

Canadian Medical Association..... 171

SOCIETY MEETINGS.

St. John Medical Society 172

Nova Scotia Branch British Medical Association..... 173

MATTERS PERSONAL AND IMPERSONAL.. 175

BOOK REVIEWS..... 177

BOOKS AND PAMPHLETS..... ... 178

NOTES 180

The Subscription Rate for the Maritime Medical News is $1.00 per annum.
Advertising Rates may be had upon application to DR. JAMES ROSS, 87 Hollis Street.

MULFORD'S

..VACCINE (Calf) LYMPH,..

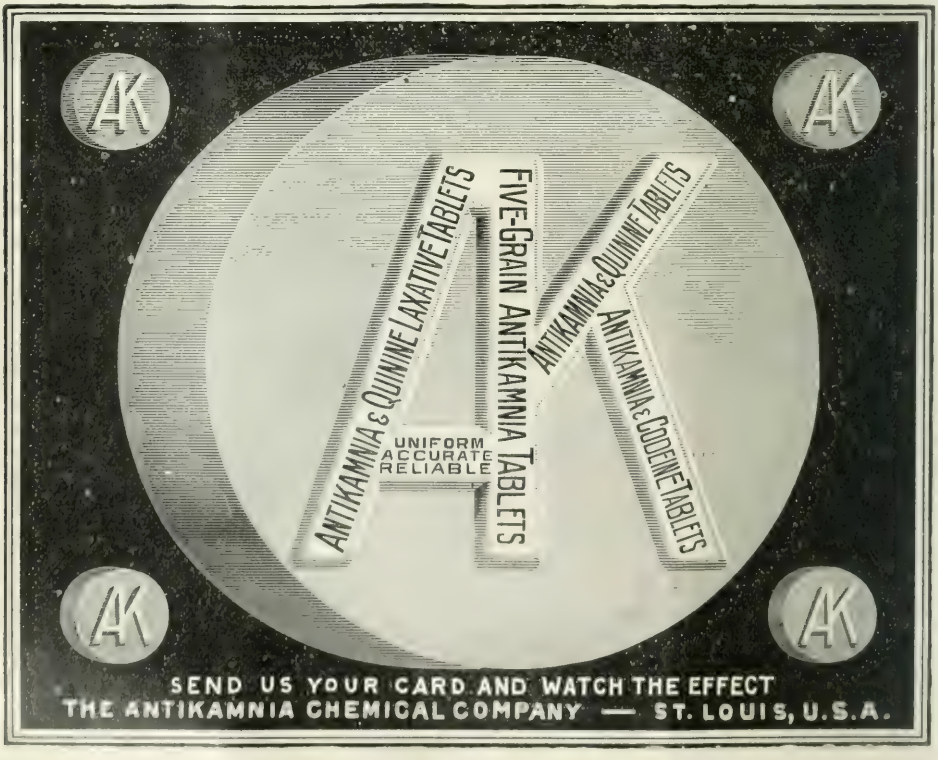
GLYCERINATED.

In cases of Ten Tubes with Ejector.
Fresh Stock always on hand.

Simson Bros. & Co.,

WHOLESALE DRUGGISTS,

HALIFAX, N. S.



THE

MARITIME MEDICAL NEWS,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XII. HALIFAX, N. S., MAY, 1900. No. 5

Original Communications.

GASTRIC ULCER.*

By MURRAY MACLAREN, M. B., C. M., M. R. C. S., St. John, N. B.

Of late the subject of simple gastric ulcer and its complications has been freely discussed in the medical world—surgical interference being the most prominent feature dealt with. The subject therefore, while lacking something in freshness, still is always of interest from the frequency of the condition, the urgent and dangerous complications which may arise therefrom, and the procedures which have been resorted to in dealing with them. Anything like a full consideration of the subject can hardly be attempted, there is so much to be said—even if justice could be done, so merely some of its phases here and there will be referred to.

The frequency of ulcer of the stomach seems to vary in different countries. (Ewald.) Sebert gives as the average for Europe, between 4 and 5 per cent. Berthold of Berlin gives 2.7 per cent., Nolbe of Munich 1.23 per cent., Griess of Kiel, 8.3 per cent., J. Jener, 10 per cent., Starck gives 13 per cent. for Copenhagen and Welch gives 5 per cent.

Ewald says this diversity need not suprise us, if we consider that the origin of ulcer of the stomach may in part be traced to direct irritation of the mucous membrane, and that the influence of this factor varies with the habits of life and the different kinds of food taken in different places.

In all countries females are the more frequent sufferers, and this is in the proportion of about two to one.

* Read at meeting of N. S. Branch British Medical Association, April 19th, 1900.

The ulcer develops most frequently between the ages of 20 and 40 years, while it also may be found in the old and young. Fatal results are said to be almost completely absent between the ages of 10 and 15 years. This fact may be of service in diagnosis, while the mortality is greatest between 40 and 60 years. Servant girls, especially cooks, are subject to the disease: shoemakers, weavers and tailors are also considered specially liable to it. Maid servants are certainly frequently anæmic and commit many errors of diet, while the latter group, from the nature of their employment, are subjected to pressure over the stomach. Ewald, however, rather thinks that occupation has no influence on the formation of ulcer of the stomach.

The usual situation of the ulcer is at the pylorus and on the greater curvature. According to Osler it is at the pyloric end, on the posterior wall near the larger curvature. Nolbe gives the relative frequency of position as, greater curvature 22, pyloric portion 13, anterior wall 3, posterior wall 2, cardiac orifice 1. In most cases there is but one ulcer, and while there may be very many, it is seldom that there are more than three.

The condition may be acute or chronic—in the latter the ulceration is larger and occasionally quite extensive.

According to Mayo Robson, the chronic ulcer occurs chiefly in men and is a disease of middle or advanced age, and is usually situated near the pylorus. It frequently causes pyloric contraction and is less liable to perforate into the abdominal cavity. On the other hand acute ulcer occurs chiefly in women and is frequently found near the cardiac end and near the lesser curvature. Hæmorrhage is more severe than in the chronic form and perforation is common.

Ulcers occur especially in those who are anæmic—anæmic women with disordered menstrual functions forming a prominent group; while heart and liver disease have sometimes been noticed as present.

Duodenal ulcers are of similar character and require to be considered with the gastric form. It may be stated, however, that they are less common, and are much more frequent in males than in females. They may follow large burns. Holmes found in 125 severe burns, that there was ulceration of the duodenum in 16 cases, and in other parts of the bowel in two. More rarely, gastric ulcer has a similar association. Duodenal ulcers generally are found close to the pylorus, although they may extend further down the duodenum, but rarely beyond the origin of the bile duct.

The *causation* of gastric ulcer has given rise to much investigation and experimental research and can merely be touched upon. Virchow held that ulceration may result from embolism or thrombosis of the nutrient artery of the part with subsequent digestion of the devitalized part by the gastric juice. There is nearly always hyperacidity present. Leube considered that two factors were necessary for ulcer, anæmia and hyperacidity.

Ewald, among others, found that by division of the spinal cord in dogs to diminish the blood pressure and at the same time ligature of some gastric arteries, that gastric ulcers were produced. He holds that a predisposition to the disease is necessary, which "consists in a morbid failure of the due relation between the constitution of the gastric juice and the blood." Letulle suggests that micro-organisms are causes of the condition. There is still a good deal to be made clear in the matter of causation.

The symptoms need not be considered here. It may merely be mentioned and it is an important fact, that while distinct symptoms are frequently present, ulceration may cause little or no discomfort; or there may be mild dyspepsia or little complaint, a hæmorrhage or perforation being the first evidence given of ulcer—this occurrence not being rare.

The frequent difficulty in effecting a cure of gastric ulceration is familiar to all, as well as its continuance and tendency to recur. Rest in bed, small amount of liquid food by the stomach, rectal alimentation, especially eggs every few hours and relief of the hyperacidity by alkalis are the principal features of ordinary treatment. It is of much importance that medicinal treatment should be persistently carried out and not desisted from for some time after the relief of painful symptoms. When ulcers prove intractable, apart from complications, operative treatment may well be considered. Gastro-enterostomy is found to give relief in such cases. The beneficial result is attributed to the rest given the stomach and relief of hyperacidity.

The motality of the operation has been 16.2 per cent as compared to the mortality of all cases of gastric ulcer of from 25 to 30 per cent. Probably operation has been too seldom resorted to in the past.

Looking back I can recall some cases of gastric ulcer where suffering was so marked and prolonged that any attempt at relief would have been welcomed by the sufferers and quite probably the operation of gastro-enterostomy would have given good prospects of success. The Hunterian lectures recently delivered by Mayo Robson on "The Surgery

of the Stomach" present the subject in so full and excellent a manner that one can hardly do better than refer largely to these lectures, in speaking of some of the complications which may arise from gastric ulcer.

Hæmorrhage occurs in about 80% of gastric ulcers and may be capillary, venous, or arterial.

Capillary hæmorrhage may be extremely severe, even fatal and might suggest hæmorrhage from a large vessel, were it not known that severe bleeding takes place from blood-vessels of all sizes. There are two principal forms of capillary hæmorrhage.

1st. *Vicarious* hæmatemesis at the menstrual period, is generally successfully treated medicinally—presumably no ulcer is present. In three reported cases operation gave no relief.

2nd. In reference to hæmatemesis following surgical operation, Robson says that it is neither well recognized nor well understood, yet is often serious and at times fatal. It is quite apart from hæmorrhage caused by obstructed circulation from various conditions. He has seen follow operation for intestinal obstruction, tuberculous peritonitis, cholecystotomy, choledochotomy, hernia, ovariotomy and simple exploratory laparotomy, and in two cases death occurred without other cause than the hæmatemesis to account for it. Eisselberg has observed hæmatemesis follow Bassini's operation, ligature of omentum, operation for omental hernia, for ileus, for torsion of omentum and prostatectomy for cancer. Reichard has reported three cases of hæmatemesis following abdominal operations, all of which were fatal. In some cases numerous hæmorrhages into the mucosa of the stomach were found post mortem, in others numerous small recent ulcers and in others no gastric or intestinal lesions were found. The anæsthetic and vomiting are not factors in producing this condition, as they have been absent in some of the cases. In a number of the cases the omentum had been ligatured. In one experiment on an animal, hæmorrhage into the stomach was found to follow twisting of the omentum.

A few years ago, I had a fatal intra-peritoneal hæmorrhage following operation for appendicitis, and have seen two cases of operation for appendicitis by brother practitioners followed by intestinal hæmorrhage, one of which was very severe; both, however recovered. These three cases are not so likely to come under the above class, as quite possibly the hæmorrhage came from the site of operation; on the other hand, it is quite possible that some one, or all three were similar in nature to the group now referred to.

Free purgation with calomel and rectal alimentation are recommended to be carried out. Secondary operation is hardly feasible as no definite lesion may be found and the condition of the patient is generally much lowered.

Venous hæmorrhage is of less importance as it is generally milder. It may, however, be severe or fatal and operation may be called for.

Arterial hæmorrhage from gastric or duodenal ulcer is the usual form which proves dangerous or fatal. It may come from the small interglandular branches in the mucous membrane or the larger gastric arteries or other arteries such as the splenic, which Brinton states to be involved in 55 per cent. of fatal cases of hæmatemesis.

The severity of gastric arterial hæmorrhage is due to the fact that the opening in the artery is lateral—hence contraction of the arteries cannot take place. The mortality from hæmorrhage in ulcer is about five per cent.

In hæmatemesis as in hæmoptysis one has often felt one's comparative helplessness in the distressing and insecure condition. Operative interference is now more commonly employed. Armstrong of Montreal has reported some successful cases during the past year. Robson put the subject concisely in about this way:—In a quarter of the fatal cases, death is so rapid that there is no time to interfere, in another quarter, death results in from twenty-four to thirty-six hours from the onset of hæmorrhage. In the remaining half repeated hæmorrhages occur and the interval between the onset of bleeding and death varies from a few days to a fortnight. In forty-two cases coming under the second group, the mortality of operation was 64.2 and in the third group where repeated hæmorrhage had occurred in nineteen cases, the mortality was but 10.5 per cent. Surgical treatment may therefore be well considered for the second half of the cases which would otherwise prove fatal. The number of cases proper for operation, it will appear, may be somewhat larger than this, as some cases "just" manage to recover from desperate conditions which have almost been numbered among the fatalities.

The *methods* of operation are various and need not be given in detail. The stomach is opened, the ulcer looked for and the hæmorrhage restrained by ligature of the bleeding vessels, ligature of, or excision of the ulcer, or by other methods. The bleeding area may not be discovered, in which case the duodenum should be invaginated and examined. Should no ulcer still be found or the hæmorrhage be capillary, then the operation of gastro-enterostomy may be carried out, and in any case it is

important to notice, that as a rule, gastro-enterostomy is found to be followed at once by relief of symptoms.

Robson advises medicinal treatment alone in acute hæmorrhage, on account of the high mortality that has followed operation, but in the repeated chronic hæmorrhages, he says gastro-enterostomy gives a reliable method of treatment, an operation which does not take much time and with a fair amount of safety.

Armstrong suggests as a definition of suitable cases for operation, "those first of frequently repeated small hæmorrhages, which persist in spite of medical and dietetic treatment, and which threaten to destroy the life of the patient; and secondly, in all cases of a large hæmorrhage, which in spite of medical and dietetic treatment occurs."

Perforation of gastric ulcer resulting fatally is variously estimated as from 18 per cent. to 65 per cent of all cases of ulcer. All forms of ulcer may perforate, much the commonest form, however, is the acute ulcer. The situation of the perforation is on the anterior wall in 52 per cent., near the lower curvature in 31 per cent,, near the cardiac end in 27 per cent. and near the pylorus in 13 per cent., while on the posterior wall but 8 per cent. Perforations therefore can generally be discovered without much difficulty.

The *diagnosis* of perforation in many cases can be made with a fair amount of facility from the various well known symptoms, but it is well to bear in mind that little or no previous history may be obtained of gastric disturbance; that perforation may be acute, when the symptoms are well marked, or may be sub-acute or chronic, in which case there are less distinct manifestations and the diagnosis may be very difficult; and further, that following an acute onset, there very frequently is a stage in which the acute symptoms, for the time being subside; this is termed, the *period of repose* by Charteris Symonds, and is liable to mislead one in estimating the condition. Over 95 per cent. of gastric perforations, if unoperated upon, are fatal. The first successful operation is said to have been obtained as late as in 1892.

Golfe gives the result of operations performed up to within 12 hours after perforation as 77 per cent., from 12 to 24 hours as 33 per cent. over 24 hours as 29.4. It is very easy, therefore, to demonstrate the great importance of early diagnosis and the urgent necessity of early operation. Delay in operation after the first twelve hours diminishes the patient's prospects of recovery by more than one half.

During the operation the patient requires every attention as regards warmth, stimulants and saline injections, for shock is a prominent and

often urgent symptom. After finding and securing the perforation the cleansing of the abdomen requires care, frequently from the space between the diaphragm and liver to the pouch of Douglas, whether by sponging or irrigation or both.

I have here a specimen of perforation of gastric ulcer. The case illustrates very well the condition as frequently met with.

An unmarried woman, 28 years of age, occupation a tailoress, was admitted into the G. P. Hospital on the 11th Feb. 1900. The history given was that while in fairly good health she had been seized suddenly with severe pain in the epigastric region about three days before admission, that the day following the onset of attack the pain was relieved by hot appplications, but on the next day, that of admission, the pain returned with great severity. There had been no vomiting.

Further questioning elicited the previous history of moderate indigestion and the vomitiug of some brownish material, which she thought contained blood, in December 1899. There was nothing pointing to previous attacks of appendicitis.

Her condition was that of great weakness, distension of abdomen, abdominal rigidity over epigastrium and dulness of right flank. The prospects were rather hopeless but it was thought proper to give her any possible chance. An incision was made above the umbilicus in the linea alba and fluid freely escaped from the abdominal cavity, containing bile and milk curds. The perforation was found on the greater curvature about 2½ inches from the cardiac orifice. At the completion of closure of the opening and cleansing the abdominal cavity, the patient sank from collapse.

The stomach was found to contain two superficial ulcers in addition to the perforation.

The six, age and occupation were quite in line with gastric ulcer. That the history of gastric discomfort and one hæmatemesis was brought out only by close questioning is not surprising as this is not infrequently the case. The relief of symptoms following the abrupt onset was no doubt the 'period of repose' observed in so many cases. The length of time between perforation and operation was unfortunately too great to allow an opportunity for a successful result.

Other conditions arising out of ulcer are numerous and will not be detailed.

Stenosis of the pylorus following cicatricial contraction of an ulcer with gastric dilatation as a resultant, however, is one of the more important after-effects. In such a condition relief can hardly be obtained other than by resorting to pyloroplasty or other operative procedure whereby the stomach contents are enabled to freely pass onward to the intestine.

In this paper I have referred merely to various points which seemed of more especial interest, and in any case it may serve to emphasize the importance of the disease and the severe conditions which may subsequently arise.

THE TREATMENT OF POST-PARTUM HEMORRHAGE.[1]

By J. Z. Currie, M. D., L. M., PH. D., Cambridge, Mass., (formerly of Fredreicton, N. B.)

The only excuse I can offer for bringing before you a subject concerning which but very little that is either new or original can be said and respecting which I cannot claim to have any special knowledge, is its extreme and very general importance. It is of extreme importance inasmuch as in pronounced cases the life of the patient depends almost wholly upon the means resorted to for relief within a very few moments. In addition to this, it may be said that the sudden and unexpected loss of a patient under existing circumstances is, if possible, fraught with a greater degree of sadness than under almost any other conditions. It is of extreme importance, also, because of the necessity for immediate action in many cases. No time can be taken for determining upon a certain course of treatment and but little for exploration. Hesitation and precipitancy are alike fatal. It is of general importance, inasmuch as there are comparatively few practising physicians who are not liable to have a case of this kind to deal with at any time and of those whose practice does not expose them to this contingency, some may be called upon in case of an emergency, or they may be indirectly interested in consequence of social relations.

It is not my intention in this paper to review the numerous and widely diverse methods of treatment, which have been recommended for the relief of post-partum hemorrhage but simply to indicate that course of procedure, which, in my opinion, is most likely to ensure the best results in each case.

In cases of post-partum hemorrhage, as in all other similar instances it is first of the greatest importance to determine, as accurately as possible, the source of the hemorrhage. In these cases there are three principal sources of the hemorrhage:

(1) Injuries to the genital tract which occur during labor.

(2) The sinuses in the lower uncontracted portion of the uterus, the fundus being firmly contracted.

(3) The uncontracted uterus as a whole.

[1] Read at the Pan American Medical Congress, City of Mexico, Nov. 1896, revised and read before the Cambridge Society for Medical Improvement, February 27, 1899, and before the Boston Gynecological Society, May 11, 1899.

Injuries which occur during labor, and which are recognized only after completion of labor, vary in importance from a slight rent or tear to rupture of the vagina. The most probable site of a tear is in the cervix, although it may occur at any part of the introitus or within the vagina. The bleeding from the torn vessels may be sufficient to destroy life directly or it may be only sufficient to prevent contraction, or the continuance of contraction, by diminishing the tone of the contractile tissue.

In every case of post-partum hemorrhage, whether apparently serious or otherwise, the condition of the uterus as to contraction should be ascertained at once. If the fundus of the uterus, as felt through the abdominal walls, is firmly contracted and the hemorrhage is profuse and persistent, it is safe to assume that the blood does not come from that portion of the uterus. It is, however, presumptive evidence that a tear has occurred at some other portion of the genital tract, the only other probable source of the hemorrhage being the sinuses in the lower uncontracted portion of the uterus. The gravity of the injury can be quite accurately estimated by the amount of shock which is at once apparent before a large amount of blood has been lost. If, under these circumstances, there is no great urgency, the patient should be placed in such a position as will enable the operator to see well and work readily. A hot-water douche should be used, and then with two fingers distending the vulva, its condition can be quickly ascertained. Tears within the vagina and in the cervix cannot always be recognized by touch and it is better not to devote too much time to exploration in this way, unless the hemorrhage is not controlled by ordinary treatment. As to treatment of these cases, it may be said, in general, that if the wound is readily recognized it is better to repair the injury at once, if possible. If the wound is deeply seated within the vaginal canal and the hemorrhage not excessive, ice or hot water may be used. Both of these agents are frequently very effectual but, in my opinion, the use of hot water is the most satisfactory. It should be used in large quantities and even if it do no good otherwise, the parts will thus be thoroughly cleansed and prepared for further treatment. If the bleeding is not checked in this way the whole internal cavity should be firmly tamponed with antiseptic or sterile gauze in such a way as to exert firm pressure upon the bleeding points. If this is not successful the probability of a cervical rent is increased. If the tampon introduced as just described fail to control the hemorrhage it should be removed at once and the bleeding points sought

for. The uterus may be drawn down as near the vulva as possible and the bleeding vessels secured by ligatures, or by a ligature *en masse*. In cases of lacerated cervix it is not usually possible to properly repair the injury at this time, but if the character of the wound is such as to render it possible and the condition of the patient will permit, it should be done. However, the result in this respect is usually unsatisfactory, and the operation should be regarded as one for the purpose of securing the bleeding vessels. If the hemorrhage is excessive at the outset and from within the vaginal canal, with the fundus contracted, the whole cavity should be packed at once after using a hot-water douche.

The only remaining source of internal hemorrhage, under the conditions just described, is from the sinuses in the lower uncontracted portion of the uterus. This variety of hemorrhage may be profuse but is much more frequently slight and constant. This condition is seen most frequently following cases of placenta previa. If the hemorrhage is profuse the indication is to tampon the whole internal cavity at once, after thorough irrigation with hot water and in all cases, when hemorrhage, whether profuse or otherwise, follows a case of placenta previa, the same course should be pursued. This variety of hemorrhage is almost certain to be constant, even if not profuse and under the circumstances the loss of even a small amount of blood is important, so it is best to stop the flow as well as the probability of its recurrence at once.

A much more frequent variety of post-partum hemorrhage than that already referred to, is that caused by failure of the uterus to contract after the completion of labor. This failure to contract is usually due to atony of the uterine muscles and the object of treatment should be to overcome this condition and cause contraction. The treatment of these cases must, of necessity, vary with the gravity of the case. If the flow is not great and danger to the patient not imminent, compression of the uterus through the abdominal walls will frequently cause it to contract and check the hemorrhage. The uterus should be grasped within the hand as soon as it can be distinguished and squeezed tightly or kneaded. Simple pressure upon the uterus is of no service in causing contraction. Bimanual compression is still more efficient, the mere introduction of the hand into the uterus sometimes acting as a stimulus to contraction. This proceeding, however, is still more effectual when with one hand grasping the uterus through the abdominal walls and the other within the vagina, two fingers are placed behind the cervix in the posterior cul-de-sac and the cervix and body of the uterus bent sharply forward upon

Wyeth's

Elixir Uterine Sedative Specific.

Viburnum Opulus (Cramp Bark), Piscidia Erythrina (Jamaica Dogwood) Hydrastis Canadensis (Golden Seal), Pulsatilla (Anemone Pulsatilla).

The above combination cannot but at once appeal to the intelligent practitioner as almost a specific in the treatment of the various kinds of pain incident to the diseases of the female sexual organs so varied in their character and such a drain upon the general health and strength.

In the new preparation of Viburnum now submitted to the profession, the unquestionable utility of this agent is greatly enhanced by the addition of remedies possessed of analogous powers, Not only is the value of Viburnum thus promoted in the special field of its therapeutical activities, but a more extended range of powers is thereby secured. In other words, our new preparation possesses all the virtues of Viburnum, and in addition, all of the therapeutic properties of Hydrastis, Pulsatilla, and Piscidia.

Each fluid ounce, of this Elixir contains forty grains Viburnum Opulus (Cramp Bark). thirty grains Hydrastis Canadenis (Golden Seal, twenty grain Piscidia Erythrina (Jamaica Dogwood), ten grains Anemone Pulsatilla (Pulsatilla).

DIRECTIONS. — The Elixir being free from irritant qualities may be given before or after meals. It has, indeed, the properties of a stomachic tonic, and will promote, rather than impair, appetite and digestion. The dose for ordinary purposes is a dessertspoonful three times a day. When the symptoms are acute, or pain is present, it may be taken every three or four hours. In cases of dysmenorrhœa, neuralgic or congestive, the administration should begin a few days before the onset of the expected period. In irritable states of the uterus, in threatened abortion, in menorrhagia, etc , it should be given frequently conjoined with rest and other suitable measures. For the various reflex nervous affections, due to uterine irritation, in which it is indicated, it should be persistently administered three times a day. When the pains are severe or symptoms acute the above dose, a dessertspoonful may be increased to a tablespoonful at the discretion of the patient, or advice of the attending physicians.

Samples for experimental purposes sent free

to any practicing Physician on application.

DAVIS & LAWRENCE Co., Limited

MONTREAL.

SOLE AGENTS FOR CANADA

SYR. HYPOPHOS. Co., FELLOWS,

IT CONTAINS

The Essential Elements of the Animal Organization—Potash and Lime;

The Oxidizing Elements—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup, with a **Slight Alkaline Reaction.**

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulative, tonic and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE—CAUTION

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, FINDS THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen, when exposed to light or heat, IN THE PROPERTY OF RETAINING THE STRYCHNINE IN SOLUTION, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing to write "Syr. Hypophos. FELLOWS."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them, bear can then be examined, and the genuineness or otherwise of the contents thereby proved.

FOR SALE BY ALL DRUGGISTS.

DAVIS & LAWRENCE CO. (LIMITED), MONTREAL

WHOLESALE AGENTS.

each other and pressed as tightly together as possible. If these means check the hemorrhage the compression should be continued until the uterus is felt to contract firmly and remain so. The pressure may then be gradually relaxed, noting the effect of doing so. If the hemorrhage is not checked the hand should be introduced within the uterus and should be withdrawn after ascertaining the condition of the organ and removing all its contents. A large intra-uterine injection of hot water should then be used. The water should be as hot as can be borne, certainly not less than 105° F., should be used very freely, and if possible, should be introduced by force of gravitation. However, any ordinary rubber syringe will answer the purpose and will produce no ill effect if properly used. The use of hot water is grateful to the patient, stimulates rather than depresses and is effectual in almost all cases. If, however, it fail to produce a good effect, common vinegar or acetic acid may be tried. Acetic acid may be added to hot water in the proportion of about one ounce to the quart and used in the same way as hot water. This remedy frequently causes immediate contraction of the uterus where other means have failed. Other remedies which are also useful when used in the same way are tincture of iodine, whiskey, etc. Any of these remedies may be tried as convenience and necessity may determine. The use of vinegar possesses the advantage of being readily obtained under almost all circumstances, of being ready for immediate use, being very effectual and not producing any ill after-effects. In order to use vinegar, saturate any clean material, sponge, a handkerchief, cotton, etc., with it, enclose this within the hand and carry the hand well up into the uterus. Then upon closing the hand the vinegar spreads over the sides of the uterus and the effect is "frequently very prompt and satisfactory." The introduction of pieces of ice into the uterus sometimes has an excellent effect. The objection to its use is that it is not comfortable, that contraction is not permanent unless its use is continued for some time and that it tends to still further depress the patient. Compression of the abdominal aorta may be tried also but should not be wholly relied upon even for a short time. The objection to its use is that it is difficult to continue sufficiently long to be of much service without assistance and that the uterine blood supply is not thus wholly cut off. It is, however, undoubtedly useful in preventing rapid exhaustion of the patient and anemia of the brain and should be resorted to, if necessary, in connection with other treatment. In most instances, compression of the aorta can be made most effectually through the abdominal

walls and in this way it need not interfere with other treatment. If the bleeding still continue tampons should then be used.

If the hemorrhage is very profuse at the outset and danger to the patient is imminent, as is usually the case when atony of the uterus exists, the uterine and vaginal cavities should be firmly tamponed at once. Under these circumstances there is no time to make a very careful examination or to observe the effect of other remedies. Nothing but immediate mechanical arrest of the flow of blood can save the patient's life. The hand should be carried rapidly into the uterus to ascertain the existence of any morbid condition of that organ and to remove any pieces of placenta, clots or *debris* that may be present. The cavity should then be cleansed with a hot-water douche, the parts exposed, and the cervix drawn well down to the vulva by means of a blunt volsellum; then with one hand holding the fundus of the uterus, if it can be distinguished, the whole cavity should be securely packed, leaving the end or ends of the material used protruding to facilitate removal. The vagina should be packed in the same manner, keeping the material well up against the uterus. This adds very much to the security and efficacy of the uterine tampon. The best material for packing the uterus is iodoform or other variety of antiseptic gauze. However, in case of an emergency, any clean material, handkerchiefs, strips of cotton, etc., may be used. The tampon should be left twenty-four hours, if it check the hemorrhage or until it is expelled or uterine contraction is established for some time. After its removal the uterine cavity should be thoroughly washed out, especially if any material not known to be aseptic has been used. In the event of not having the necessary instruments or of not being able to use them from any cause, it is quite possible to tampon the uterus securely by making pressure upon the abdomen with one hand and using the other to carry the material up into the cavity: with the two hands thus in apposition the uterus can be completely filled and the tampon pressed against the bleeding surfaces.

If the bleeding continue, either the tampon is improperly placed or there exists some morbid condition of the uterus, "benign or malignant, which has been compressed during gestation and torn during labor." In the event of failure the possible existence of this condition should not be forgotten, but even so the tampon is still the best method of treatment. In this event the first portion of the tampon introduced might be saturated with some form of styptic, such as iron solution or tincture iodine. Should the bleeding still continue, in all probability an atheromatous

condition of the vessels exists. I have never seen a case of this kind but the treatment recommended is to make firm pressure upon the fundus of the uterus and to so evert the organ in the vagina that the bleeding vessels may be caught and secured or a portion of the uterus bound by an india-rubber band, so as to cut off the circulation, as recommended by Kocks. The whole may then be fastened by a gauze bandage and retained for six hours. Undoubtedly ligature of the vessels is the most desirable, if possible.

Another very rare accidental cause of post-partum hemorrhage, to which reference has not been made, is acute inversion of the uterus. This condition occurs but once in 200,000 labors; still, the possibility of its occurrence should not be forgotten. The greater the laxity of the uterus the more likelihood of its occurrence. It is sometimes the result of a forcible effort of the uterus to expel the placenta and under these circumstances its occurrence might be suspected. In any case, examination readily reveals the existing condition. The indication is, to remove any attached pieces of placenta or adherent *debris* and restore the organ to its normal position as quickly as possible.

There are but few drugs which, in my opinion, have any influence in controlling the hemorrhage; of these morphine is the most useful, and should be given subcutaneously in a one-quarter grain dose at the earliest possible moment. I have never seen a case in which contraction did not ensue as soon as the action of the morphia was recognized. The difficulty is that if nothing else is done in the interval, the patient will not live until the morphia is absorbed. This should be followed by a full dose of ergotine or ergotinol, given subcutaneously also and, if possible, the solution of ergotine should be freshly prepared and made with pure water.

A very important feature in the treatment of serious cases of post-partum hemorrhage is the general care of the patient. The indication is, to prevent as well as overcome the effects of anæmia of the brain and sudden exhaustion. The patient's head should be lowered and the foot of the bed raised. The limbs should be successively bandaged from the extremities upward and the bandage allowed to remain in position or a band placed about the limb before its removal. Compression of the abdominal aorta acts in the same way. If the condition of the patient is serious, alcoholic stimulants should be used freely and strychnia in moderately large doses should be given. Both should be used subcutaneously. The principal indication, however, is to fill the circulation

and the heart with a large amount of saline solution at once. The best saline solution is common salt dissolved in hot water, in the proportion of one teaspoonful of salt to a quart of hot water. This should be used early, in large quantities, several quarts, if necessary and should be introduced as far up into the bowel as possible. This in most cases acts very speedily and effectually. If, however, the effect is not satisfactory, the saline solution should be used hypodermically. For use in this manner the solution should be of the strength of 0.6 per cent. The best situation for using the liquid in this way is in the loose cellular tissue of the back or chest, and the best means of using it is by the force of gravitation. In this way as much as 500 or even 1,000 grammes of liquid can be introduced into the circulation very quickly, without any local effect, and it relieves the anæmia almost instantly. If the effect is not satisfactory the liquid may be introduced directly into the venous circulation. This is a much more complicated and formidable proceeding and is seldom if ever necessary but if used there are a few particulars which should always be observed. The temperature of the solution should be at least 100° F. and of the same strength as in the preceding instance: it should be absolutely free from saline particles; should be introduced in a slow, steady stream; the quantity of liquid should vary with the effect produced and the needle should be introduced into the vein while the liquid is flowing.

SUMMARY.

(1.) A knowledge of the source of the hemorrhage is necessary to ensure intelligent action.

(2.) All rents when easy of access should be repaired at once.

(3.) If the body of the uterus is contracted and bleeding excessive and in all cases of hemorrhage following placenta previa, the whole cavity should be tamponed at once.

(4.) If this is not successful, or if the hemorrhage is constant and not excessive, secure the bleeding vessels and, if possible, repair the injury.

(5.) If atony exist and hemorrhage not excessive, use external and bimanual compression of the uterus, followed, if necessary, by hot water, vinegar or acetic acid.

(6.) If not successful or if atony exist with excessive hemorrhage from the outset, tampon at once after using hot water.

(7.) Give morphia hypodermically to check the hemorrhage and stimulants, strychnia and auto-infusion to overcome the effects of the hemorrhage.

(8.) To prevent anæmia use saline solution, preferably per rectum or hypodermically. May use saline solution by infusion also, if necessary.

PRESIDENTIAL ADDRESS.*

By W. S. Muir, M. D., Truro, N. S.

To the Members of the Colchester Co. Medical Society,—

Gentlemen,—Allow me to thank you for the honor you have done me, by electing me President of this society, and in doing so, I wish to express my thanks to all who have assisted in making it a success. Especially to our hard-working and pains-taking Secretary-Treasurer, (Dr. H. V. Kent) is the credit due of resuscitating the Colchester Medical Society.

In February, 1883, that is seventeen years ago, Dr. John W. McDonald, then of Acadia Mines, now a Professor of Surgery in Minneapolis, U. S. A., and an author of a standard text-book upon Surgery, and Dr. J. L. Peppard, of Great Village, conceived the idea of forming a County Medical Society, and with characteristic energy, they called a meeting of the medical men then in practice in the County of Colchester, within the historic walls of the old Prince of Wales Hotel, Truro, on Feb. 5th, 1883. At this meeting there were present Drs. J. W. McDonald and J. L. Peppard, of Londonderry; Drs. Page, Bent, D. H. Muir, J. H. McKay and W. S. Muir, Truro. Dr. A. C. Page was called to the chair, and W. S. Muir was appointed Secretary *pro tem.* Dr. McDonald stated that every medical man in the county was anxious to have a County Medical Society formed. A committee was appointed to prepare Rules, Bye-Laws, and to present a scale of fees and to report at a meeting to be held on March 13th, 1883. For future reference I will give a list of the medical men in actual practice within the County of Colchester at that date:

Truro—Drs. A. C. Page, Charles Bent, D. H. Muir, J. H. McKay and W. S. Muir.

Acadia Mines—Drs. John W. McDonald, Sutherland, Ellis.

Great Village—Drs. J. L. Peppard and I. Rose Smith.

Shubenacadie—Dr. Duncan McLean.

Five Islands—Dr. Oulton.

DeBert—Dr. Homer Crowe.

Economy—Dr. McLeod.

Upper Stewiacke—Drs. Robert Smith and R. Cox.

Earltown—Dr. William Norrie.

Tatamagouche—Drs. Roche and Johnson.

---

* Delivered before Colchester County Medical Society.

March 13th, 1883, is the date of the birth of this Society, and the late lamented Doctor Alexander Crawford Page, of Truro, was the first President. Dr. John W. McDonald, of Acadia Mines, now of Minneapolis, the first Vice-President, and W. S. Muir. of Truro, the first Secretary-Treasurer.

At this, the first regular meeting of the Society, Rules and By-Laws were read and adopted, and the scale of fees adopted by the Society was published once every month in the two local papers, the *Sun* and *Guardian*. The publication of the Scale of Fees evoked the wrath of the Bass River Grange, and a letter was sent from this well known locality, to the Society, wanting an explanation, and giving this Society their views of such an innovation and infliction, as a medical Scale of Fees. I may say that the joke of the whole matter was that in only one or two instances was the price of services rendered, advanced, viz. Midwifery was advanced from the awful fee of $5, to $8, and night visits were also advanced slightly.

The Society met quarterly during the winter months in Truro, and during the summer in the country towns. As I said before, the Society was honored by having as its first President, the late Alexander Crawford Page. The old maxim, "that like begets like" was no exception to the rule in this man's case. He was a good man, of a most worthy father, and no man could have better carried out the fifth Commandment to the letter of the law, and to have reaped its reward in this world, than did Dr. A. C. Page. His only heritage was a good sound constitution, and the transmission of a highly moral and unselfish character, which followed him through life. With a few dollars in his pocket, and some clothes in a small red trunk, this young man sailed down the Bay of Fundy from Onslow, to seek his fortune in the United States. On the way the schooner was windbound, and at last became unmanageable, but with that spirit and resolution which predominated through life, he footed the rest of the way to Boston, where he obtained work; at the same time he studied Latin and Greek and sometime afterwards entered Harvard Medical College, where he graduated well up in his class.

During Dr. Page's whole college career, he had the respect of his teachers and his fellow students, as in after life he still kept up a correspondence with them. This I mention to show you the stuff the man was made of. Shortly after graduating, the Doctor came back to Truro to practice his profession. How well Dr. Page succeeded in

practice is as well known to most of you, as it is to myself. The expression of his face was kind, but strong; his manner was genial, and his every instinct was honest, and all his intentions were good. He was domestic in his habits, perferring his home and the companionship of his family, his books, and a few chosen friends, to anything that society could give.

Dr. Page was of a studious habit, and well read in his profession, and alive to all its improvements, fertile in resources, prompt in action, and thoroughly to be depended upon. He was a good all-round practitioner. Obstetrics, however, was his favorite branch of practice, and he was a most successful obstetrician. However I would like to see the man who would dare to call the Doctor a specialist. To him it savored of quackery. He would look upon the introduction of specialism as his keen foresight, comprehended its antagonistic propensities to manly relations between the family physician and his patient, as detrimental to a community of interests, and as most likely to be subversive of the best interests of harmony in the profession; the loss of confidence of the community in medical honor, and a gradual and steady diminution of courtesy in professional relations.

I expect that I knew Dr. Page as well, if not better, than any other medical gentleman living, and truly I cannot find words to express my own gratitude, and to testify to the honorable treatment received from him, as a consultant, friend, and medical attendant, and to do honor to his generous and noble name. If I were asked Dr. Page's strongest characteristic, I would most certainly say his executive ability. This was early recognized, not only by his medical brethren, but by the Government of his native Province, as he was appointed Medical Inspector of Hospitals, Insane Asylums and Poor Asylums, a duty he performed with rare tact and ability. He was for years a most ardent militiaman, and got to the top of the service before he retired, being P. M. O. at the last militia camp meeting he attended.

He was for years President of the Provincial Medical Board of Nova Scotia, Examiner in Obstetrics and Diseases of Women and Children for Dalhousie College; President of the Medical Society of Nova Scotia. In fact Dr. Page filled every office in the Profession of his Province, that he could. Dr. Page was truly a religious man, as well as a representative physician. He had no love for the Philosophies of Pagan antiquity; the Infidelity of Paine; the Rationalism of Germany, but his belief was as sweet and sincere as that of a little child. Last autumn that uncom-

promising tyrant, before whom, sooner or later, we must all bow, touched the warm, generous heart with icy fingers, and the well-springs of his earthly life were frozen within him. Never again shall he grace our meetings with his kindly presence, his counsel or his sympathy, and may the Great Physician of Souls repay him for his kindly acts towards the suffering poor of earth, is my prayer for my truest and best friend, the late Dr. A. C. Page, our first President.

On the 24th of May, 1887, Dr. Duncan McLean, of Shubenacadie, was elected to fill the chair in this Society. Like his friend Dr. A. C. Page, Dr. McLean has passed on with the majority, having died a few months before our first President, at his home, from double pneumonia. I will quote from Dr. Page's unpublished paper, "History of the Medical Men of Colchester Co," to show you his opinion of the late Dr. McLean:

"Duncan McLean was born in Pictou Co., and was a graduate of Harvard University, 1860. Although living in Hants Co., a large part of Dr. McLean's practice is in Colchester. His field of practice is very large and laborious. He is not only very self-sacrificing in his devotion to his profession, but also a very safe and reliable practitioner. Having no medical friend near him to consult with, he is often placed in circumstances where his tact and ingenuity carry him safely over difficulties, where a doctor not so largely endowed with those valuable qualities would fail. He is kind and considerate to the poor, a lover of sport; quick to resent an injury, but very forgiving, and generous to a fault."

If I were asked to write up a Memoir of the late Duncan McLean, I would simply refer you to Ian McLaren's famous book, "Beside the Bonnie Brier Bush," to read. "A Doctor of the Old School," then substitute Dr. McLean's name for that of the hero, Dr. Wm. MacLure.

If Ian McLaren had lived in Shubenacadie and had kept a diary of Dr. McLean's work, he could not have published a truer picture of the big-hearted, generous, self-sacrificing Duncan McLean. He was never supposed to be a man of great constitution, but he must have been made of iron, as when I tell you that at times he kept four horses busy, one will wonder how he did it, but not why, if you knew the man. Dr. Page had years ago written up the late Dr. McLean, as being generous to a fault. If Dr. McLean had a fault, generosity was his besetting sin. His house and table were always at the disposal of the public, and well they knew it and, I can personally say, took advantage of it.

Shubenacadie and district must owe the doctor's estate thousands of dollars, and it may not be the people's fault, as the doctor's last thought

was always himself, and he was a most wretched collector. Once he said to me that the only way a man can make more than an honest living in the practice of medicine in Nova Scotia is to humbug the people and grind the face off the poor, "two things, thank the Lord, I have never done and will never do." Dr. McLean was a public spirited citizen, a true and consistent friend. He was honest, capable, and faithful to every trust, and he was a liberal contributor to the support of religion, and to any public or charitable object. His illness and death was plainly the result of overwork.

Our first and second presidents of the County of Colchester Medical Society were bosom friends during life. They were often brought together, as they were both officers in the 78th Highlanders at the same time.

Gentlemen, I have given you a short account of the two first presidents of this society, and all that I can add is, let the living profit by the examples of those who have died, and emulate the virtues of our late friends, Drs. A. C. Page and Duncan McLean.

I cannot close my address without making a passing remark about the gentleman who is to a large extent responsible for the existence of this Society, Dr. John W. McDonald, our first Vice-President. Dr. McDonald had just succeeded Dr. James Kerr as medical officer to the Steel Company of Canada, at Londonderry. He was a graduate of Edinburgh, a man of great energy and a first class speaker. Dr. McDonald at once set himself to work upon his arrival at Londonderry, to improve the sanitary condition of affairs there. So well did he succeed that he was invited all over the province to deliver lectures upon the subject of improved sanitation and public health. He spent much time at his own expense, travelling and lecturing upon these subjects, besides writing long and interesting articles for the press. He was the means of interesting the people, and informing them in sanitary matters to such an extent, as to merit the lasting gratitude of the public. After Mrs. McDonald's death, which occurred at Acadia Mines, the Doctor went to Minneapolis, where he has made quite a name for himself, and his native province. He is a Professor of Surgery, Editor-in-Chief of *The Medical Dial*, a medical journal of some weight, and has written a text-book upon surgery, which, I understand is considered one of the best.

The first Secretary-Treasurer you still have with you, and from appearances, I should judge, likely to for some time.

Before closing, let me thank you for your kind attention, and suggest that ever let the watch words upon the banner of this Society be—Correct Principles, Safe Methods and Unselfish Aims.

AN APPRECIATION OF PRYOR'S METHOD OF REMOVING THE FIBROID UTERUS BY THE ABDOMEN.*

(Author's Abstract.)

By A. Lapthorn Smith, B. A., M. D., M. R. C. S. (England.) Fellow of the American and British Gynecological Societies; Professor of Clinical Gynecology in Bishop's University; Gynecologist to the Montreal Dispensary; Consulting Gynecologist to the Women's Hospital; Surgeon-in-Chief of the Samaritan Free Hospital for Women; Surgeon to the Western Hospital; Montreal, Canada.

Twenty years ago he was strongly opposed to the operative treatment of fibroids on account of the high mortality then prevailing among the best operators. Ten years ago he became a strong advocate of Apostoli's method of treatment by electricity by which he has cured the hemorrhage permanently in sixty-three out of a hundred and two cases in ten years. Eight years ago Price lowered the mortality enough to induce him to operate in certain cases with the serre noeud. Baer farther reduced the mortality and he adopted his method and operated oftener. Three years ago Pryor perfected an ideal method which had almost no mortality and which he, (Lapthorn Smith) had adopted and to which he gave the preference over all other treatment in every case of fibroid suffering enough to consult him. He claimed that he had acted consistently throughout, being guided by the one test question, "What is the mortality?" In his last ten successive cases, seven last year and three this year, all had recovered. Therefore, the operation is now almost devoid of danger while it is absolutely effective. Pryor's method is by far the best and to it was due, he believes, his absence of mortality in these ten cases. The great advantage of Pryor's method is that we begin on the easy side and after securely tying the ovarian, round ligament, and uterine arteries and separating the bladder we cut across the cervix and roll the tumor out, thus obtaining plenty of room to tie the arteries from below upwards, on the difficult side. Another great advantage of this method is that there is much less danger of injuring the ureters. This accident is most likely to happen on the most difficult side, that is the side where the tumor fills all the space between the uterus and the wall of the

* Read before the American Gynecological Society, at Washington, 1st May, 1900.

pelvis. But it is precisely on this side that the tumor is dragged away from the ureter while it is being rolled out, and by the time that it becomes necesssary to cut anything on that side, the ureter is at least two inches away and quite out of danger. But Doyen's method has this advantage on both sides, because he pulls the tumor off the bladder and ureters and from the first he is getting farther and farther away from the bladder and ureters. But Doyen's method has the great objection of opening the vagina and thereby increasing the time of anæsthesia, loss of blood, and risk of infection besides the æsthetic one of shortening the vagina. Dr. Lapthorn Smith lays even greater stress than Pryor does upon the importance of feeling for each individual artery and tying it before cutting it and then putting a second ligature on it as the first one may loosen after the tension of the tumor has been removed. He also strongly advises chromicised catgut prepared by the operator himself, which lasts ten days, or else red cross cumol catgut prepared by Johnston of New Brunswick, N. J., and which he has found reliable. Besides the six principal arteries there are two small arteries which require ligating on each side of the cervix. There is no need of disinfecting the stump beyond wiping away the little plug of mucus; but the cervix should be hollowed out so as to make an anterior and posterior flap, which are securely brought together before sewing up the peritoneum. The omentum, if long enough, should be brought down to meet this line of suture, thereby preventing the intestines from sticking to it or to the abdominal incision. The author is opposed to leaving the ovaries and tubes, although he admits that in young women by so doing it diminishes the discomforts of the premature menopause. But in the majority of cases the appendages are diseased, and we run the risk of the whole success of the operation being marred by leaving the organs, which sooner or later will cause more symptoms than did the fibroid itself. His experience of leaving in ovaries or parts of ovaries has been most unfortunate, having received no thanks for his conscientious endeavors, but a great deal of blame for having failed to cure the pain, which in the patient's estimation was more important than the tumor.

He was also opposed to myomectomy; the operation was quite as dangerous as hysterectomy; there was very seldom any reason for it, most of the women who have fibroids being either unmarried or at an age too advanced to raise children to advantage, or having passed the child-bearing age altogether. After submitting to such a serious opera-

tion, the patient has a right to be guaranteed against a second or a third one for the same disease. So many women have been disappointed by these incomplete or so called conservative operations that their friends who really could be cured by an operation hesitate to undergo it. He would make an exception, of course, in case of there being apparently only a single polypus, no matter how large, or a single pediculated suberitoneal tumor.

He held the opinion that all fibroids uteri should be removed as soon as discovered, because the woman with a fibroid is liable not only to the hemorrhage, which may not be great, but to the reflex disturbances of digestion and circulation. Besides, every day it grows, its removal is becoming more dangerous and the chances of its becoming malignant are greater.

He was opposed to a preliminary curetting, because it was unnecessary, and, second, because when done it was seldom done effectually; having examined fibroid uteri immediately after removal, which had been curetted just before, he had found only about a twentieth part of the uterine mucosa removed.

He was strongly opposed to morcellment, which is not to be compared with Pryor's method. It is more dangerous, much more difficult, and keeps the patient a much longer time under the anæsthetic. The operation is carried on in the dark and the ureters are frequently wounded; while complications, such as adhesions of the vermiform appendix and tears of the intestine, which are easily dealt with by the abdomen and the patient in the Trendelenburg posture, are almost impossible to manage when working from the vagina. Moreover, nearly all women with fibroids are nulliparous and the vagina is consequently narrow; they are nearly all elderly and the passage is consequently inextensible. No more unsuitable class of patients could, therefore, be chosen for this most difficult vaginal work. The author strongly advises the closure of the abdomen with through and through silk worm gut sutures, left for three, or better still, four weeks. If not tied too tightly, and if dressed with boracic acid in abundance, the one dressing, or at most two, will suffice from the beginning of the case. Besides, they can be passed very quickly, thus saving ten minutes in the duration of the anæsthesia. In the ten cases operated by this method, and which all recovered, in none was the ureter injured or was there any other complication.

Montreal, April 24, 1900.

WYETH'S SOLUTION

Iron and Manganese Peptonate

(NEUTRAL.)

Liq. Mangano—Ferri Peptonatus—Wyeth's.

Iron and Manganese as offered in the shape of numerous inorganic preparations are, at the best, only sparingly absorbed after a long and tedious process.

When combined with Peptone in a neutral organic compound, the result is complete assimilation and absorption, thus deriving the full benefit of the ingredients as tonics and reconstituents, and rendering the remedy invaluable in

Anæmia, Chlorosis, Scrofula and Debility.

The improvement accomplished by the administration of the solution is permanent, as shown by the increase in amount of Hæmoglobin in the blood: i. e. 3 to 8 per cent.

As regards the digestibility and rapid assimilation of the preparation, its aromatic properties and the presence of peptone in it renders it acceptable to the most susceptible stomach.

DOSE.—For an adult, one tablespoonful well diluted with water, milk or sweet wine, three or four times a day; dose for a child is one to two teaspoonfuls, and for an infant 15 to 60 drops.

Offered in 12 ounce bottles (original package) and in bulk at the following list prices.

Per Demijohn, $6.25; Per five pint, $4.50; Per doz., 12 oz. $11.00.

WRITE FOR LITERATURE.

DAVIS & LAWRENCE CO, Ltd.

Manufacturing Chemists,

General Agents for Canada.

WYETH'S Granular Effervescing SODIUM PHOSPHATE

Each Dessertspoonful contains 30 grains of the salt.

A Remedy for Constipation, Obseity, Rickets, Jaundice, Etc., Etc.

Sodium Phosphate is Unexcelled:

Sodium Phosphate has long been the favorite purgative, inasmuch as it acts gently but surely, has little or no taste, and is easily taken by children and delicate persons. In the present form—the effervescent—it is a delightful remedy, constituting a refreshing sparkling draught of bland action.

1. As an Hepatic Stimulant with beneficial effect on the appetite.

1. Sodium Phosphate is a mild but certain hepatic stimulant, and relaxes the bowels both by promoting an excretion of bile and by acting directly upon the mucous membrane of the intestines. It does not cause "griping," nor does it derange the stomach or excite nausea; unlike many other purgatives, it has a beneficial effect upon the appetite and digestion, stimulating the flow of gastric juice and increasing assimilation.

2. As a Treatment for Diabetes.

2. Diabetes is treated with decided advantage by means of the Sodium Phosphate. Not only are its cholagogue properties beneficial in this malady, but also its well-known power of arresting the secretion of sugar in the liver.

3. As a "Nervetone" in cases characterized by Debility, Spermatorrhœa, etc.

3. Phosphorus is a fundamental constituent of nervous matter, the substance of brain, spinal cord and nerves. Hence, the usage of the present compound in diseases characterized by a deficiency of "tone" of the nervous system in Debility, Spermatorrhœa, Impotence, Locomotor Ataxia, Neurasthenia, etc., is strongly to be recommended. In Asthma and the debility of the advanced stages of Phthisis it is serviceable. In such cases it acts as a restorative and respiratory stimulant.

4 As a Purgative in cases of Exanthematous Fevers

4. In grave, exanthematous fevers, where a purgative, to be safe, must be simple and efficient, the Sodium Phosphate can be relied on. In such cases its cooling, saline qualities render it grateful and refreshing to the patient.

5. As a cure for Biliousness, Constipation, Jaundice, Diarrhœa, Dysentery etc., especially in children.

5. Sodium Phosphate, causing a marked outflow of bile, whose consistency it renders thinner, is an incomparable remedy for Biliousness, constipation, and, above all, for Jaundice, especially in children, on account of its absence of taste, and its efficient but unobjectionable properties. Diarrhœa and Dysentery in children are effectually controlled very often by the action of this salt in cleansing the mucous membrane of the lower bowel, and evacuating in a complete and unirritating manner the rectum and large intestine.

DOSE.—For children, to relieve diarrhœa, constipation, etc., a small dose only is necessary, ½ to 1 teaspoonful according to age and effect desired. As a purgative in adults, one or two dessertspoonfuls. As an alterative in gout, obesity, hepatic derangement, etc., one dessertspoonful morning and night. An excellent substitute for Carlsbad water (which depends largely for its beneficial effect upon the presence of this salt) may be obtained by adding a dose to a tumbler of water and taking it gradually on getting up in the morning. ☞ The glass cap on our Effervescing Salt bottle, when filled, is equivalent to one dessertspoonful, and also embodies a time device adjustable to any hour at which the next dose is to be taken.

Prepared by . . . .

DAVIS & LAWRENCE CO., LIMITED,

Manufacturing Chemists,

SOLE AGENTS FOR CANADA. MONTREAL, CAN.

Clinical Report.

THE VALUE OF PEPTO-MANGAN IN ANÆMIC CONDITIONS.

By Geo. M. Campbell, M. D., Professor of Histology,
Halifax Medical College.

Some months ago I was requested to undertake an investigation with the well known organic preparation of iron known as Pepto-Mangan (Gude), and also to have the same published, whatever the results might be. It is not my intention to elaborate on this preparation, but will simply state facts regarding my experience with it, and allow any readers of the News who have not yet used this combination to judge for themselves.

Case I.—Miss K., a domestic, anæmic, with digestive disturbances, pain in the stomach and coffee-ground vomiting—suggestive of gastric ulcer. Blood count, 2,700,000 red corpuscles to the cubic millimetre. She was given pepto-mangan, dessertspoonful three times daily. Three weeks after the beginning of treatment blood count was 3,900,000. Color improved and appetite became good, while the pain after eating disappeared.

Case II.—Mr. H., student, anæmic, without any discoverable cause; digestion poor. Pepto-mangan was given and soon the digestion improved. The first blood count was 2,475,000. Two subsequent ones, at three weeks intervals, viz., 3,560,000 and 3,975,000, showed the marked improvement. Has been able to carry on his classes with increased energy and improved digestion.

Case III.—Miss O., a domestic, anæmic. Complained of weakness, giddiness, digestive disturbances, vomiting and constipation. The lips and conjunctivæ were very pale. Blood count was 1,600,000; hæmoglobin 35 per cent. A laxative pill at night and pepto-mangan in teaspoonful doses after meals were ordered. Four weeks later the blood count was 2,320,000 and hæmoglobin 40 per cent. Her condition steadily improved. A blood count five weeks later was 3,750,000 and hæmoglobin 60 per cent. She is still taking pepto-mangan with the prospect of complete recovery.

Case IV.—Mrs. P., was confined eighteen months ago; was very anæmic before confinement and lost considerable blood at the time. Inflammation developed about the uterus and she was in serious danger for some days. Three weeks after confinement an abscess formed near

the right knee, which was opened and treated in the ordinary way. The day after the abscess was operated on, hæmorrhage started from the incision, which was controlled only with considerable difficulty after she had become nearly bloodless. Tinct. ferri mur. was first prescribed, but as the stomach was easily disturbed, it was changed to pepto-mangan. Convalescence was very slow but steady. She is now fairly well and able to do her ordinary housework. No blood count was made in this case.

Case V.—Miss M., a seamstress, anæmic, complaining of pain in left side, shortness of breath and constipation. Blood count, 2,420,000; hæmoglobin, 50 per cent. Prescribed laxative pills at night and pepto-mangan. She did not come back, so the fair presumption is that her condition has been improved.

Case VI.—Miss R., a laundry girl, anæmic, complained of shortness of breath with pain in left side, slight cough, and distress after eating. Examination of chest revealed no trouble in the lungs. Pains in side evidently neuralgic. Blood count, 3,200,000; hæmoglobin, 60 per cent. Prescribed pepto-mangan, with a laxative pill at night, and the side to be painted with tincture of iodine. Saw her several times in the course of three months. Her improvement was steady and satisfactory. The color improved, appetite increased, and pains left her side. Only one blood count was made.

Case VII.—Mr. D., a business man, afflicted with chronic Bright's disease. Has had uræmic convulsions on three different occasion within the last three years; none, however, during the past twelve months. He is now able to attend to his business. There is no œdema, color fairly good and only an occasional headache. Practically the treatment has been restricted diet, salines in the morning to keep the bowels free, and pepto-mangan in dessertspoonful doses thrice daily after food. The pepto-mangan agrees with his stomach and aids his digestion. No blood count has been made in his case.

Case VIII.—Miss M., a domestic, extremely anæmic, weak and subject to fainting spells. She was also troubled with frequent vomiting and could not do the lightest kind of work. At times her stomach could not retain even milk and lime water. Panopepton on ice was given in small doses frequently with good effect. Previously she had taken Blaud's pills and other combinations of iron which did no perceptible good and interfered with digestion. The blood count at first was shown to be 2,100,000 and hæmoglobin 40 per cent. She was then put on pepto-mangan and three weeks later the blood count was 3,500,000 and hæmoglobin 50 per cent. Before the second count was made she was admitted to the Victoria General hospital under the care of Dr. M. A. B. Smith, who continued the pepto-mangan. The general improvement in color, strength and increase in flesh after a month's treatment was really remarkable, and astonished not only herself but her friends.

THE

MARITIME MEDICAL NEWS.

VOL. XII. MAY, 1900. No. 5.

Editorial.

CANADIAN ARMY MEDICAL SERVICES.

The placing of the medical services of the militia army of Canada on a proper footing is a marked and important change recently accomplished by the Government of Canada. While in the past strong efforts have been made to render the officers of the militia proficient in their work, the medical officer has remained in the condition that confederation found him—an ornamental appendage to the battalion claiming his services. Through social, personal or perhaps political influences he received his appointment, sometimes being made a field officer to start with, ignorant of any special military duties, and in that condition he remained, perhaps for the rest of his life or till he was retired. It was felt some time ago that if the Canadian militia army was to ever be put upon a proper footing, it must cease to be a conglomeration of independent units, but have some cohesion and some organization. The care of the sick during peace and of the sick and wounded during war naturally received first attention.

By the general order issued by the Militia Department, in July last, a scheme was outlined and has since been carried out. By this order a Medical Staff was established consisting of 1 Colonel (Director-General,) 7 Lieut-Colonels, 17 Majors, 22 Captains, and 25 Lieutenants. And for purposes of promotion the officers of the Army Medical Staff are considered as a distinct branch (under command of the Director-General,) and the promotion from rank to rank will take place upon the same principle as that in a regiment or corps. Five Bearer Companies and five Field Hospitals were established on a peace footing. A Bearer Company consisting of 1 Major, 2 Captains or Lieutenants, 1 Sergt-Major, 1 Quarter-Master Sergeant, 1 Staff Sergeant Compounder, 4 Sergeants, 1 Bugler, 4 Corporals, and 20 Privates. The Halifax Bearer Company, now known as No. 1 Bearer Company, were, however, kept on a war footing of sixty-fou of all ranks. A Field Hospital has the

following personnel: 1 Major, 2 Captains or Lieutenants, 1 Sergt-Major, 2 Staff Sergeants, 2 Compounders, 2 Corporals, and 14 Privates. These non-commissioned officers and men belong to the Army Medical Corps, and officers of the Army Medical Staff are detailed for duty to these units.

All appointments to the Medical Staff are provisional. Officers must qualify within a certain time in the following subjects:—Infantry Drill, Parts I. and II.; Manual of the R. A. M. C.; Regulations for Army Medical Services: Military Hygiene; Returns and Duties; Military Law; Equitation. In order to enable officers to qualify, schools are to be held without delay at certain head-quarters by officers who have already qualified at the Depot of the Royal Army Medical Corps at Aldershot, England. One school will be held at Halifax for Nova Scotia, New Brunswick and Prince Edward Island, not only for officers of the Medical Staff, but for those who prefer to remain with their regiments as medical officers. This school will last a week and terminate with an examination, when two classes of certificates will be given, a first-class for those officers making 70 per cent of the whole number of marks and not less than 50 per cent in any one subject; and a second-class to those making 50 per cent on the total, or not less than 33 per cent in any one subject.

In this manner it is hoped that all the medical officers of the militia will soon become properly qualified in their duties, which consist of more than being ornamental or as acting as family practitioners to the men of their regiments when in camp.

MEDICAL SOCIETY MEETINGS.

The advantages of attending regularly the annual society meetings have more than once been referred to in our columns. But to add an extra stimulus to the importance of attendance at these gatherings, we quote from the opening remarks of Dr. E. G. Janeway, President of the Association of American Physicians, at the meeting recently held at Washington:

"Each of us who has attended the past meetings must admit having received much of benefit from the presentations and the discussions of our associates. Your president of this year looks back with regret at certain of the opportunities which he wasted in the past, under the stress of his professional work, and he only alludes to it in passing that he may stimulate the younger members to so arrange the year that they may

find the time to both give and receive knowledge, thus making the meetings of this association more valuable with each passing year. Let us each endeavor to make this Association, so far as in us lies, as regards those matters which it falls under our province to consider, the equal of any and the inferior to none throughout the world. If we are each possessed by such a noble spirit of rivalry, I am sure that our Association will not only maintain, but will surpass in the future that high regard in which it has been held."

Can we not this year emulate the advice of Dr. Janeway, and make the approaching meetings of the Medical Society of Nova Scotia at Amherst on the 4th and 5th of July, and the Maritime Medical Association at St. John on the 18th and 19th of July, the most successful in the history of each. The discussion in Surgery at the Maritime Meeting, will be on "Spinal Deformities," in medicine on "Arterio-sclerosis," and in Gynæcology on "Retro-displacements of the Uterus." Dr. George E. Armstrong, associate professor of clinical surgery, McGill University, will again be a welcome visitor and will read a paper on some surgical topic.

If you have decided not to write a paper, then look up your notes, stimulate your cerebral cells to activity and give the meetings the benefit of listening to one or more case reports of patients who have been under your own care. We constantly hear, directly or otherwise, the history of some interesting case from a brother practitioner and on asking him for details which would prove of interest to our readers, is generally found too lazy to spend half an hour with pen and paper for the good of others.

Come, brother physicians, be up and doing and even if after all our endeavors some decide not to be participants in the programme of the coming meetings, at all events aid the success of the gatherings by your presence.

CANADIAN MEDICAL ASSOCIATION.

At a largely attended meeting of the profession recently held in Ottawa, it was decided to hold the meeting of the CANADIAN MEDICAL ASSOCIATION on the 12th, 13th and 14th of September, 1900. The meeting was unanimous in the desire to make the Century gathering of the Association the best meeting ever held. A large sum of money wa subscribed by those present for the entertainment of visiting members, making it a certainty that those in attendance will have, if possible, even a better time than they have ever before had in the capital city.

The President, Dr. R. W. Powell, of Ottawa, has recently heard from Mr. Edmund Owen, of London, England, the gratifying information that he will deliver the Address in Surgery. This in itself should assure a large attendance.

Society Meetings.

ST. JOHN MEDICAL SOCIETY.

MARCH 7, 1900.—Dr. J. H. Scammell, President, in the chair.

A paper on "Favus" was read by Dr. Melvin. Reference was made to emigrants arriving at St. John suffering from this skin disease, and to the fact that while these cases were admitted into Canada, admission was refused to the United States. The various characteristics of the disease and treatment were then fully considered.

MARCH 14.—A discussion on "Rheumatism" was opened by Dr. Scammell. He advised as preliminary treatment, the use of calomel and a saline aperient, these to be followed by salicylates. When salicylates are not well borne, ointments may be employed with advantage.

Dr. James Christie found as a rule that salicylates were not suitable in the chronic forms of rheumatism.

Dr. Olding spoke of the good results obtained from the use of an ointment composed of ichthyol and lanolin.

Dr. Mott thought the bowels and kidneys required particular attention and advocated the employment of cascara and soda phosphate. The diet should be non-stimulating and animal food should be avoided. Buttermilk was soothing and beneficial. In the chronic forms, guaiacum and the oil of ambergris were beneficial.

Dr. Daniel found salicin more easily taken than the salicylate of soda and he referred to the occasional advantage of the application of a blister.

Dr. Skinner also spoke of the use of the cautery.

MARCH 21.—Report of four abdominal cases was made by Dr. Murray MacLaren. The cases were: 1. Rupture of ovarian tumour with fatal intra-peritoneal hæmorrhage. 2. Hæmatosalpinx. 3. Rupture of bladder. 4. Perforated gastric ulcer.

MARCH 28.—Dr. Melvin showed an emigrant suffering from favus. A discussion followed on the action of the United States government in detaining this class of case at St. John.

A paper on the plague was read by Dr. March, which will appear in a subsequent issue of the NEWS.

APRIL 11.—Dr. Gray read a paper on "Placenta Prævia." Two successful cases were reported. Dr. Gray thought that no one method of

LACTOPEPTINE TABLETS

Same formula as Lactopeptine Powder. Issued in this form for convenience of patient—who can carry his medicine in his pocket, and so be enabled to take it at regularly prescribed periods without trouble.

"Everything that the science of pharmacy can do for improvement of the manufacture of Pepsin, Pancreatine, and Diastase, has been quietly applied to these ferments as compounded in Lactopeptine." —*The Medical Times and Hospital Gazette.*

Can be ordered through any Druggist. **Samples free to Medical Men.**

NEW YORK PHARMACAL ASSOCIATION,

88 WELLINGTON STREET WEST, TORONTO.

Liquid Peptonoids with Creosote

Beef, Milk and Wine Peptonises with Creosote.

Liquid Peptonoids with Creosote is a preparation whereby the therapeutic effects of creosote can be obtained, together with the nutritive and reconstituent virtues of Liquid Peptonoids. Creosote is extensively used as a remedy to check obstinate vomiting. What better vehicle could there be than Liquid Peptonoids, which is both peptonized and peptogenic? It is also indicated in Typhoid Fever, as it furnishes both antiseptic and highly nutritive food, and an efficient antiseptic medicament in an easily digestible and assimilable form.

In the gastro-intestinal diseases of children, it also supplies both the food and the remedy, thereby fulfilling the same indications which exist in Typhoid Fever.

Each tablespoonful contains two minims of pure Beechwood Creosote and one minim of Guaiacol.

DOSE.—One to two tablespoonfuls from three to six times a day.

THE ARLINGTON CHEMICAL COMPANY,

TORONTO.

"BOROLYPTOL"

Is a combination of highly efficient antiseptic remedies in fluid form designed for use as a lotion whenever and wherever A CLEANSING AND SWEETENING wash is required. It possesses a delightful balsamic fragrance and pleasant taste, and can be employed with great advantage

AS A CLEANSING LOTION AS A VAGINAL DOUCHE
AS A NASAL DOUCHE AS A MOUTH WASH
AS A FRAGRANT DENTIFRICE.

Samples sent on application.

The Palsade Manufacuring Co.,

88 WELLINGTON STREET West, TORONTO.

To the Medical Profession:

ABBEY'S EFFERVESCENT SALT is without doubt the most elegant, palatable, and efficient saline laxative and antacid within your reach.

It possesses every requisite that such a salt should have; the slight granulation enables the patient to obtain the fullest benefit of the slower development of the carbonic acid gas; its action upon the bowels is gentle, but positive, and its valuable antacid properties render its use particularly beneficial in many cases where a harsher aperient might prove deleterious.

The use of Abbey's Effervescent Salt is growing daily, and is now regarded as a standard preparation, put up in the most high-class manner, and sold through druggists only.

The preparation is manufactured in the most perfectly appointed laboratory in America, under the supervision of expert chemists, and is in every way guaranteed to meet the many requirements for which its properties render it useful.

treatment sufficed for all cases. When hæmorrhage is slight, rest in bed should be ordered. If severe, labour should be brought on. When the os is not dilated, tamponing the vagina may be adopted, then turn and deliver.

An interesting discussion followed and many cases were cited.

Dr. T. D. Walker thought Cæsarean section under some circumstances would give good results.

April 18.—A series of case reports was presented by Dr. McAlpine. 1. Dyspepsia simulating cardiac disease. 2. Hemicephalus with hydrops amnii. 3. Prolonged lactation. 4. Cerebro-spinal meningitis. 5. Colic of three years duration. 6. Strychnine poisoning. 7. Pendulous abdomen and difficult labour.

April 25.—A case of large ovarian tumour was reported by Dr. Burnett. The tumour was of long duration and was accompanied with marked emaciation and weakness. The peritoneum was studded with soft clear gelatinous masses and there was also free fluid. Two days after removal of tumour the breathing became embarrassed and on examination dullness was found in the right side of chest. Nine pints of serum were aspirated and the progress of recovery was then uneventful.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

April 19th, 1900.—Dr. E. A. Kirkpatrick, President, in the chair.

Dr. S. E. Shaw, house surgeon of the Victoria General Hospital, exhibited a chair intended for knee operations, concerning which full particulars were given in our last issue.

Dr. E. D. Farrell related the history of a boy who had been wounded in the leg by a bullet, and showed an excellent radiograph of the case, by which means the bullet had been located.

Several members commented on the case.

Dr. Tobin presented the needs of the Royal Army Medical Corps in South Africa, and requested subscriptions to the fund which has been started. A committee to look after this matter was appointed, consisting of Drs. Tobin, Jones and Ross.

Dr. Murray MacLaren then read a paper on "Gastric Ulcer." (Published on page 145 of this issue.)

Dr. Chisholm stated that he had listened with great interest to the paper, which Dr. MacLaren has evidently gathered from the library,

bedside, operating-room and dead-house. He mentioned a case of recurrent hæmorrhage and nearly lost the patient from loss of blood. He treated the case with tannic acid and opium. He had used bichromate of potash and picric acid in the treatment of gastric ulcer.

Dr. D. A. Campbell spoke of the cure of the ulcer by adhesions to the neighboring parts. In some cases he had found gastralgia resulting, and operation had been necessary.

Dr. Goodwin referred to Dr. MacLaren's paper as a model one. Clinical records showed early cases could be relieved, but later cases died. He referred to the difficulty of diagnosis.

Dr. Murray mentioned a case of recurrent perforation with adhesions to the liver, which case has been previously reported.

Dr. M. A. B. Smith spoke of examination for hydrochloric acid, which was present in full quantity in gastric ulcer, thus differentiating it from cancer and gastritis, where it is deficient.

Dr. Walsh mentioned four cases which occurred within a short period and recovered. One was treated by cocaine and rectal alimentation.

Dr. Murray MacLaren, replying, said that he had never any good results from bichromate of potash. He referred to capillary hæmorrhage from the stomach following abdominal operations, which was not necessarily from ulceration.

Dr. Chisholm, seconded by Dr. Campbell, moved a vote of thanks to Dr. MacLaren for his interesting and instructive paper, which was carried unanimously, to which Dr. MacLaren replied in suitable terms.

Meeting adjourned at 10.30 p. m., for supper.

Matters Personal and Impersonal.

Dr. M. A. B. Smith, of Dartmouth, has gone to New York, where he will remain several weeks devoting his time to the study of diseases of the stomach, under Drs. Max Einhorn and Manges.

Dr. J. N. Mack, of Lunenburg, has started for London, to take up post graduate work in the great metropolis.

Dr. W. H. Hattie, Superintendent of the Nova Scotia Hospital for the Insane, accompanied by Mrs. Hattie, left on the 16th inst. to attend the American Medico-Psychological Association meeting at Richmond, Va. Dr. Hattie will also visit hospitals for the insane at New York, Boston, Philadelphia and Washington.

The death of Dr. Landon Carter Gray took place at New York on the 8th inst. He was one of the founders of the New York Polyclinic and was the author of an admirable work on nervous and mental diseases.

Mr. W. B. Saunders, medical publisher of Philadelphia, wishes to announce the final accomplishment of a step that he has long had in mind. Feeling that the growth of the business to its present large proportions has been due, not alone to his own exertions, but quite as much to the efficient co-operation of a number of his employees, he has decided to give recognition to such service by associating with himself in business, under the firm name of W. B. Saunders & Company, Mr. F. L. Hopkins, Manager of the subscription Department, and Mr. T. F. Dagney, Manager of the Publication Department. These gentlemen have been connected with the establishment almost from its inception, and to their capable management of their respecive departments Mr. Saunders attributes much of the success that has attended his efforts.

Mr. Saunders believes that this action will strengthen the position of the house in the eyes of the medical profession, as it will secure a permanence of organization that will insure the perpetuation of the business.

The Subscription and Publication Departments will be conducted as heretofore. The Trade Book Department will be under the management of Mr. W. D. Watson, whose connection with the house has extended over the past eight years, and who has demonstrated his ability to manage that department with efficiency and success.

The seventieth anniversary of the birth of Dr. Jacobi, of this city, was celebrated at a banquet held last Saturday night May 5th, at Delmonico's, which was attended by more than four hundred of his friends and professional associates. His birthday was on Sunday May 6th, but his friends were too impatient to congratulate him to wait. The speech-making was begun early, but at the stroke of midnight all rose and drank to the health and long life of the guest of honor. Dr. Joseph D. Bryant presided, and speeches were made by Mr. Carl Schurz on "Dr. Jacobi as a citizen." Dr. William H. Thomson on "Dr. Jacobi as a physican," Dr. William Osler on "Dr. Jacobi as a scientist," and President Seth Low of Columbia University on "Dr. Jacobi in Relation to Medical Education." A poem in honor of Dr. Jacobi's life and works, by Dr. S. Wier Mitchell, was read, and Dr. A. G. Gerster presented the guests with a copy of the "Festschrift," which contains contributions from fifty-three medical men of eleven nations. In his reply Dr. Jacobi said he wished he could proceed from man to man and in silence press their hands, for words did not suffice for the throng of feelings that swelled his heart. He reviewed the events and changes that had taken place in medicine during the nearly half-century that he had lived and practised in this country. Closing, he said that he did agree with some in believing that the moral tone of the profession has been lowered in these latter days when the spirit of trade is paramount. There have been jealousy, strife, and competition at all times, and medical men, like other men, are always human. The "good old times," is an ideal that, while its consummation is too far ahead or beyond the horizon altogether, is searched for backward. Doctors are now, as they always have been, what their time, their people, their surroundings make them. On Sunday the board of directors of Mt. Sinai Hospital presented him with a silver tankard bearing the following inscription: "To Dr. Abraham Jacobi, on the seventieth anniversary of his birthday, from the Mt. Sinai Hospital, in grateful recognition of forty years of devotion and fidelity May 6, 1900."—*Medical Record.*

Book Reviews.

AN EPHEMERIS OF MATERIA MEDICA, PHARMACY, THERAPEUTICS AND COLLATERAL INFORMATION.— By Edward H. Squibb Jr., M. D., 36 Doughty Street, Brooklyn, January, 1900.

This most excellent work which appears from time to time is one of great value to every practitioner who is fortunate enough to be on the list. New drugs and new uses for old remedies are carefully dealt with, and quotations given from different writers in the best of medical journals—in fact everything of value in a concise style. Each drug is put in alphabetical order which makes it easy of reference. The notice at the beginning reads thus: "These little pamphlets are very irregular in their issue and may be discontinued at any time without notice, but will be sent as long as they are issued to all those who are supposed to be interested in their contents and who have requested their names to be placed on a distributing list kept for the purpose.

Whenever a new edition of the pamphlet is issued one copy is sent without charge to each name then on the list, directed to the address last obtained, but when extra or back numbers are desired the nominal price of twenty-five cents (which includes postage) is charged for each number until the edition is exhausted.

A limited number of the already completed five volumes, bound separately, are accessible to those desiring them at the nominal price of $1.50 each, which includes delivery in the United States or Canada." The profession should feel greatly indebted to Dr. Squibb, Jr., who now continues this excellent reference work which was first established by relatives of the same worthy name.

THE LADIES' HOME JOURNAL FOR MAY, 1900.—Philadelphia.

Edward Bok, writing in the May *Ladies' Home Journal*, on "A Boy for a Husband," contends that no young man under twenty-five years is in any sense competent to take unto himself a wife. Before that age he is simply a boy who has absolutely nothing which he can offer to a girl as a safe foundation for life-happiness. He is unformed in his ideas, absolutely ignorant of the first essentials of what consideration or love for a woman means. He doesn't know himself, let alone knowing a woman. He is full of fancies, and it is his boyish nature to flit from one fancy to another. He is incapable of the affection upon which love is based, because he has not lived long enough to know what the feeling or even the word means. He is full of theories, each one of

which, when he comes to put it into practice, will fail. He is a boy, pure and simple, passing through that trying period through which every boy must pass before he becomes a man. But that period is not the marrying time. For as his opinions of life are to change, so are his fancies of the girl he esteems as the only girl in the world to make him happy. The man of thirty rarely weds the girl whom he fancied when he was twenty."

The circulation of *The Ladies' Home Journal* has reached 900,000, and passed it by 5000—905,000 copies being the aggregate circulation of the April issue. This is an increase of over 36,000 copies per month for the last four months—since January first of the present year—over the corresponding period in 1899. Even these figures do not tell the whole story of the growth of the Journal's popularity. But they stand for the extreme limit of the capacity of the presses upon which the magazine is printed, but which for the last year or more—even with the constant increase in their number, and running day and night—have been unable to keep the supply apace with the increasing demand.

SERUM THERAPY.—Published by the Scientific Department of Frederick Stearns & Co., Detroit, Michigan.

It has been the aim of the publishers to give in a simple manner an outline of serum therapy, and they have certainly succeeded very well, purposely avoiding technical terms as much as possible. A brief history of the various experiments which have been made is given, also how antitoxic serums are produced and the therapeutic value of each noted. The brochure will prove valuable to those interested—and all physicians should be.

THE COMING AGE for May, 1900.—The Coming Age Co., St. Louis, Mo. This excellent magazine contains the usual number of interesting articles, many of which will appeal to the mind of the physician. "The Economy of Evil in the Moral Order," by Henry Wood, in the current number is one among the many carefully written and logical contributions.

BOOKS AND PAMPHLETS.

ELEMENTS OF CLINICAL BACTERIOLOGY FOR PHYSICIANS AND STUDENTS. By Drs. Ernst Levy and Felix Klemperer. Second edition, enlarged and revised. Translated by Augustus Eshner, M. D. Containing 441 pages with 92 illustrations. Price, $2.50 net. Published by W. B. Saunders, Philadelphia.

Saunders' Question Compends. Essentials of Surgery. New edition. By Edward Martin, A. M., M. D. Containing 342 pages with 90 illustrations. Seventh revised and enlarged edition, with an appendix and a new chapter on appendicitis. Price $1.00 net.

Essentials of Diagnosis. By Soloman Solis-Cohen, M. D., and Augustus A. Eshner, M. D. Second edition revised and enlarged. Containing 417 pages with 60 illustrations. Price $1.00.

A Hand-Book for Nurses. By J. K. Watson, M. D., Edinburgh. American edition under the supervision of A. A. Stevens, M. D., Philadelphia. Containing 413 pages with 394 illustrations. Price $1.50 net. Published by W. B. Saunders, Philadelphia.

The Pathology and Surgical Treatment of Tumors. By N. Senn, M. D., Chicago. Second revised edition. Containing 718 pages with 478 illustrations and 12 full page plates in colors. Price, cloth, $5.00 net; morocco, $6.00 net. Published by W. B. Saunders, Philadelphia.

The Treatment of Fractures. By Charles Locke Scudder, M. D., assistant in clinical and operative surgery in the Harvard Medical School. Containing 433 pages with 585 original illustrations. Price $4.50 net. Published by W. B. Saunders, Philadelphia.

The Modern Treatment of Stricture, Prostatitis, Urethritis and Cystitis; together with their sequels—impotency and spermatorrhœa. By G. W. Overall, M. D., St. Louis. A synopsis of reprints.

Concerning Immunity and the Use of Normal Non-Immunized Serums. By W. Thornton Parker, M. D., Westboro, Mass. Reprinted from the *International Medical Magazine.*

Involvement of the Eye and Ear in Cerebro-Spinal Meningitis. By William Cheatham, M. D., Louisville, Ky. Reprinted from the *Philadelphia Medical Journal.*

Non-Malignant Gastric and Duodenal Ulcers. By Thomas E. Satterthwaite, M. D., New York. Reprinted from the *Medical Record.*

Stricture of the Esophagus and Electrolysis by a New Esophageal Electrode By Charles A. Aaron, M. D., Detroit. Reprinted from *The Physician and Surgeon.*

The new combination known as the "Laxative Antikamnia and Quinine Tablet," is shown by experience to be a happy combination. It is an excellent formula carefully prepared, while the ingredients for the majority of cases are in their proper proportions, to say nothing of the saving of time for the patient and dispenser.

Indigestion—Sea Sickness—Obstinate Vomiting.—Pepsin is the most prominent remedy for indigestion. That it is so generally used is probably owing to the demonstration of its powers to digest egg albumen, one grain of the former sometimes digests more than two thousand of the latter. All this is very interesting as a scientific experiment, but there are conditions when artificial digestion cannot be performed in the stomach and also cases where the presence of an extra amount of digestion ferment would tend to impair the digestive functions. This is frequently noted in alcoholism.

For indigestion ammonol is directly indicated ; it corrects acidity, stimulates a normal flow of the gastric fluid, and relieves the pain. In sea-sickness and obstinate vomiting ammonol is invaluable. Given in doses of five grains, repeated at frequent intervals it will control the most obstinate case of vomiting within a half hour.

Ten grains of ammonol taken at night before going to bed will generally insure a good night's rest and a clear head in the morning ; it appears to act as an antiseptic, clearing up the stomach and exciting the secretions, thus promoting healthy action.

Uric Acid and its Elimination.—Editorially (*The Medical Brief, February, 1900*) this vital subject is ably considered. Investigation strengthens the belief that eating too much meat is responsible for the formation of uric acid in disease-producing quantities. To dispose of meat satisfactorily gastric digestion must be active, the constitution well supplied with fluids and the organs more or less actively engaged in growth and development. These conditions cease to exist when adult life is reached and the requirements of the constitution are chiefly for food to supply energy, heat and vital stimulus. At this period in life a small amount of meat or other albuminous food will suffice, especially in torpid systems or persons of sedentary habits. The symptoms caused by an excess of uric acid depend upon the degree of saturation and whether these morbid products are circulating in the blood or are precipitated in the tissues or joints. The susceptibility of the various organs and the constitutution of the individual also help to determine the symptoms ; one person may have asthma, another an irritable bladder, and another sick headache or rheumatism. In the treatment diet is highly important. Meat once a day is often enough. Fresh fruit, especially apples, should be eaten in abundance. Tomatoes are excellent, so is asparagus. Baked bananas and well-done rice are excellent substitutes for meat. Pure honey is always allowable. In uncomplicated cases lithiated hydrangea will be the only remedy needed in addition to dietetic reform and plenty of water.

Sanmetto Endorsed After Watching its Effects in Several Hundred Cases of Genito-Urinary Diseases.—It gives me great pleasure to add my testimony to that of the many eminent physicians in this city and elsewhere, attesting the wonderful curative value of sanmetto. In nearly all genito-urinary ailments, especially of a chronic nature, it is simply invaluable. I consider sanmetto almost a specific for chronic prostatitis, especially in old men, where more or less hypertrophy exists ; also in weakness of the generative system, it has wonderful power in restoring waning sexual strength. This is my first testimonial for any medicine, but have prescribed sanmetto ever since its introduction to the profession, and watched its effects in several hundred cases, I feel that I need not hesitate to endorse it.

Chicago, Ill. L. E. Miley, M. D., Grad. 1881 Michigan University ; Member American Med. Assn., Member Illinois State Med. Assn., Member Chicago, Med. Soc.

A Universal Medicine

IS,

Hayden's Viburnum Compound

Endorsed and prescribed by the majority of all the leading physicians in the United States, and we take great pleasure in referring to any physician who has ever prescribed "H. V. C." as an

ANTISPASMODIC

Specially employed in diseases of WOMEN and in OBSTETRICS.

For new booklet address,

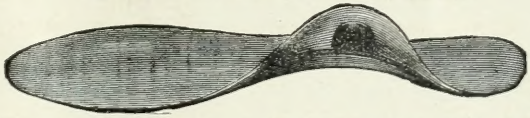
New York Pharmaceutical Company,

BEDFORD SPRINGS, Mass.

HOLLAND'S IMPROVED

Instep Arch Supporter.

NO PLASTER CAST NEEDED.



A Positive Relief and Cure for FLAT-FOOT.

80% of Cases treated for Rheumatism, Rheumatic Gout and Rheumatic Arthritis of the Ankle Joint are Flat-Foot.

The introduction of the improved *Instep Arch Supporter* has caused a revolution in the treatment of *Flat-foot*, obviating as it does the necessity of *taking a plaster cast of the deformed foot.*

The principal orthopedic surgeons and hospitals of England and the United States are using and endorsing these Supporters as superior to all others, owing to the vast improvement of this scientifically constructed appliance over the *heavy, rigid, metallic plates* formerly used.

These Supporters are highly recommended by physicians for children who often suffer rom *Flat-foot*, and are treated for weak ankles when such is not the case, but in reality they are suffering from *Flat-foot.*

IN ORDERING SEND SIZE OF SHOE, OR TRACING OF FOOT IS THE BEST GUIDE.

Sole Agents for Canada: **LYMAN, SONS & CO.**, Surgical Specialists,
380-386 St. Paul St., - - MONTREAL.

SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—
CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day. **OD CHEM. CO., NEW YORK.**

WHEELER'S TISSUE PHOSPHATES

WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA. A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, *acceptable to the most irritable conditions of the stomach:* Cone-Calcium, Phosphate $Ca_3\ 2PO_4$ Sodium Phosphate $Na_2\ HPO_4$. Ferrous Phosphate $Fe_3\ 2\ PO_4$ Trihydrogen Phosphate $H\ PO_4$ and the active Principals of Calisaya and Wild Cherry.

The special indication of this combination is Phosphate in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits Gestation and Lactation to promote Development, etc., and as a *physiological restorative* in Sexual Debility, and all used-up conditions of the Nervous system should receive the careful attention of therapeutists.

NOTABLE PROPERTIES.—As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases, *by determining the perfect digestion and assimilation of food.* When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to good-will of the patient. Being a Tissue Constructive, it is the best general utility compound for Tonic Restorativ-purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system.

Phosphates being a NATURAL FOOD PRODUCT no substitute can do their work.

DOSE.—For an adult, one table-spoonful three times a day, after eating; from 7 to 12 years of age, one dessert-spoonful; from 2 to 7, one teaspoonful. For infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of T. B WHEELER, M. D., Montreal, P. Q.

☞ To prevent substitution, put up in bottles only, and sold by all Druggists at ONE DOLLAR.

C. G. SCHULZE, PRACTICAL WATCH and CHRONOMETER MAKER,

Importer of

Fine Gold and Silver Watches, Clocks, Fine Jewelry and Optical Goods,

Chronometers for Sale, for Hire and Repaired.
Rates determined by Transit Observation.

All kinds of Jewelry made at shortest notice. Special attention given to repairing Fine Watches.

165 BARRINGTON STREET, - HALIFAX, N. S.

High-class Tailoring

AT

E. MAXWELL & SONS,

132 GRANVILLE STREET, HALIFAX.

Parke, Davis & Co's

CHOCOLATE-COATED ...TABLETS...

Disintegrate and Dissolve Quickly.

NO SUB-COATING OF SHELLAC USED IN OUR PROCESS. NOTHING BUT PURE CHOCOLATE AND SUGAR.

We have TWO HUNDRED AND FIFTY formulas, from which you can make your selection of Chocolate-Coated Tablets.

For uniformity of size and shape, for care and excellence of workmanship, and beauty of finish, P., D. & Co's are not equalled.

In ordering or prescribing, if you will always specify P., D. & Co's. Chocolate-Coated Tablets, you will not be disappointed.

Laboratory,
WALKERVILLE, ONT.

Eastern Depot,
378 St. Paul St., Montreal, Que.

Established LEITH HOUSE. 1818.

KELLEY & GLASSEY

(Successors A. McLeod & Sons.)

Wine and Spirit Merchants

IMPORTERS OF ALES, WINES AND LIQUORS.

Among which is a very superior assortment of

Port and Sherry Wines, Champaigns, Bass's Ales, Guinness's Stout, Brandies, Whiskies, Jamaica Rum, Holland Gin, suitable for medicinal purposes; also, **Sacramental Wine,** and pure Spirit (65%) for Druggists.

WHOLESALE AND RETAIL. Please mention the MARITIME MEDICAL NEWS.

AMMONOL

THE STIMULANT · ANALGESIC · ANTIPYRETIC · ETHICAL

THE AMMONOL CHEMICAL COMPANY, Manufacturing Chemists, NEW YORK CITY.

M. P. BEZANSON.

— IMPORTER OF —

Gentlemen's Furnishing Goods and Boys' Ready Made Clothing.

CUSTOM SHIRT MAKER.
Shirts Re-Collared and Re-Cuffed.

Cor. Granville and Duke Sts., - Halifax, N. S.

JAMES BOWES & SONS,

General Agents
... for ...

The Oliver Typewriter.

SEND FOR CATALOGUE.

50 YEARS' EXPERIENCE

PATENTS

TRADE MARKS
DESIGNS
COPYRIGHTS &c.

Anyone sending a sketch and description may quickly ascertain our opinion free whether an invention is probably patentable. Communications strictly confidential. Handbook on Patents sent free. Oldest agency for securing patents.

Patents taken through Munn & Co. receive *special notice*, without charge, in the

Scientific American.

A handsomely illustrated weekly. Largest circulation of any scientific journal. Terms, $3 a year; four months, $1. Sold by all newsdealers.

MUNN & Co. 361 Broadway, **New York**
Branch Office, 625 F St., Washington, D. C.